Rocky Mountain Medical Journal

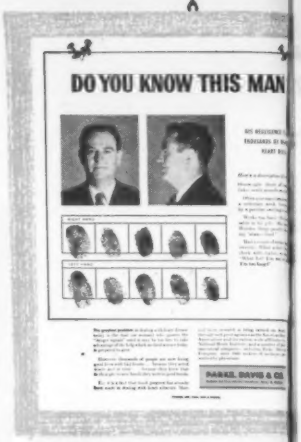
Minutes
Utah and Colorado
Meetings

November
1954

Vol. 51—No. 11
35c Per Copy
$3.50 Per Year


Let these experts on relaxing show you
how to live with HIGH BLOOD PRESSURE
PARKE, DAVIS & CO.


How to select a family doctor
PARKE, DAVIS & CO.


DO YOU KNOW THIS MAN
PARKE, DAVIS & CO.


There's a brighter outlook now for the child with EPILEPSY...
PARKE, DAVIS & COMPANY


How many of these people need a doctor?
PARKE, DAVIS & COMPANY


IS THERE SOME OF HER SPIRIT IN YOU?

ne PARKE-DAVIS speaks to the public...

HAT people think about doctors is etty important to the future of the actice of medicine in this country.

Can the power and influence of vertising—the *right kind* of adver- ing—be employed to bring home people what the physician of today n really do for them, if they'll only e him the opportunity?

Parke, Davis & Company's answer this question is their "See Your ctor" advertising program which y started twenty-six years ago and e been carrying on ever since. ch message in this continuing series phasizes the same major theme: *importance of prompt and proper fical care.*

No products are mentioned; that he province and responsibility of physician.

Because these messages are all "picture stories" that dramatize the informative and serious material they present, they are among the best-read advertisements being published today. Above everything else, we try for plausible, believable messages that will nudge the reader into action without either raising false hopes or scaring him. We want him to have not only increased confidence in his doctor, but in the professional background and skill of the pharmacist who fills the prescription, and in the medicine itself.

We naturally hope that the reader will come to know and recognize Parke-Davis as a leader in a fundamental American industry, and to associate our name and label with manufacturing skill, careful testing, and enlightened research.

A program of this kind, if it is to do the greatest good, must be brought to the attention of millions of people. That is why the "See Your Doctor" messages have appeared and are currently published in the SATURDAY EVENING POST, LIFE, TIME, NEWSWEEK, TODAY'S HEALTH, and other leading magazines.

While the broad problem is one which admittedly challenges the skill and resourcefulness of many organizations that have the interest of Medicine at heart, Parke-Davis is proud to have a part in pioneering and developing a type of advertising approach which is proving increasingly effective in meeting this challenge. *PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN.*

Table of Contents

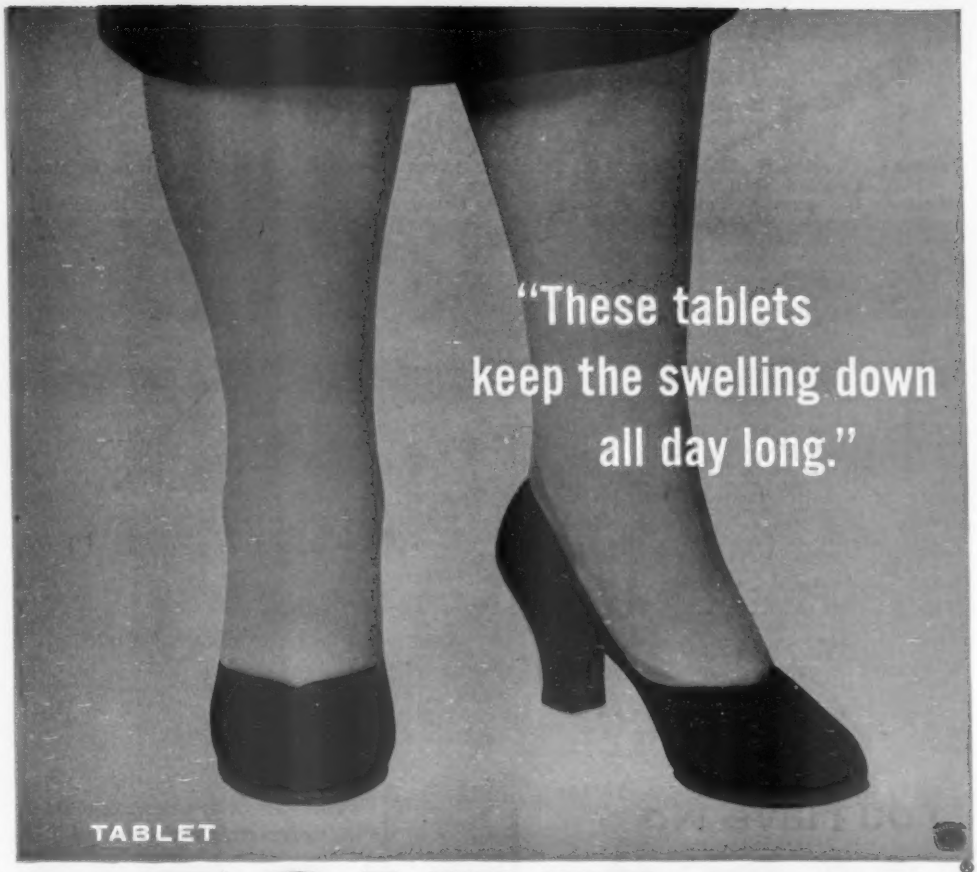
VOLUME 51 NUMBER 11

NOVEMBER, 1954

Editorials

Original Articles

Organization



NEOHYDRIN

BRAND OF CHLORMERODRIN

NORMAL OUTPUT OF SODIUM AND WATER

Individualized daily dosage of NEOHYDRIN -- 1 to 6 tablets a day as needed -- prevents the recurrent daily sodium and water reaccumulation which may occur with single-dose diuretics. Arbitrary limitation of dosage or rest periods to forestall refractivity are unnecessary. Therapy with NEOHYDRIN need never be interrupted or delayed for therapeutic reasons. Because it curbs sodium retention by inhibiting succinic dehydrogenase in the kidney only, NEOHYDRIN does not cause side actions due to widespread enzyme inhibition in other organs.

Prescribe NEOHYDRIN **in bottles of 50 tablets. There are 18.3 mg. of 3-chloromercuri-2-methoxypropylurea in each tablet.**

Leadership in diuretic research

LAKESIDE LABORATORIES, INC · MILWAUKEE 1, WISCONSIN

ROCKY MOUNTAIN MEDICAL JOURNAL

Title Registered, U. S. Patent Office

Publication Office:
835 Republic Building (1612 Tremont Place), Denver 2, Colorado
Telephone Acoma 2-0547

Ownership and Sponsorship: The Rocky Mountain Medical Journal is owned by the Colorado State Medical Society and is published monthly as a non-profit enterprise for the mutual benefit of the organizations which jointly sponsor it. It is published under the direction of the Board of Trustees of the Colorado State Medical Society, assisted by an Editorial Board representing the sponsoring organizations. It is the Official Journal of the Colorado State Medical Society, the Montana Medical Association, the New Mexico Medical Society, the Utah State Medical Association, the Wyoming State Medical Society, the Rocky Mountain Medical Conference, and the Colorado Hospital Association.

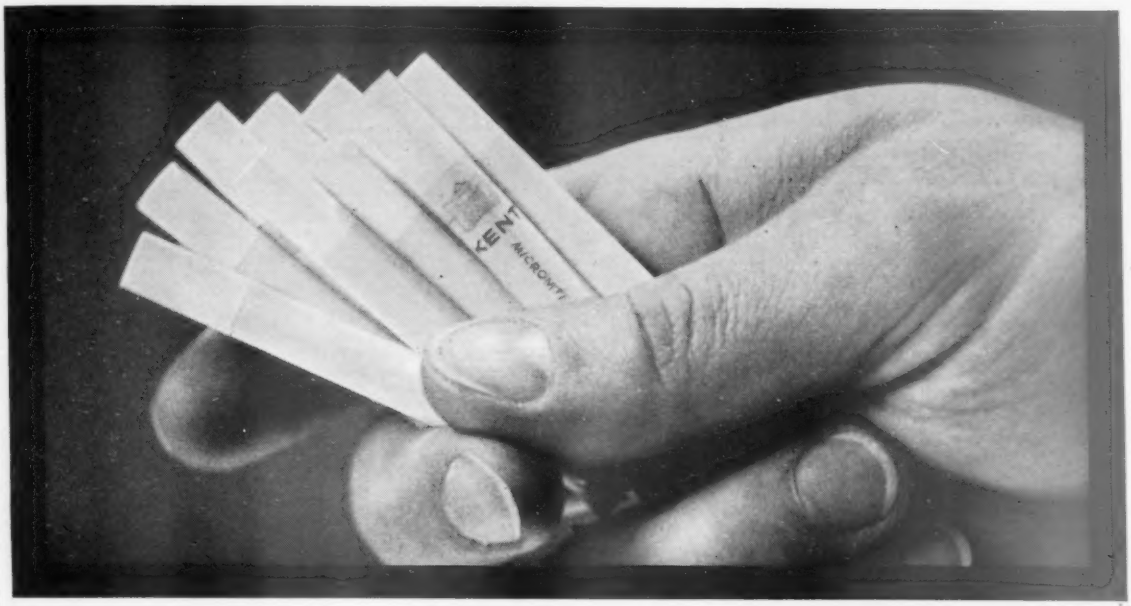
Manuscripts: Scientific Articles, Case Reports, etc., from any state for which this is the Official Journal should be submitted to the Scientific Editor for that state as named in the Editorial Board, above. Other material from any participating state should be submitted to the Associate Editor for that state as named above. Manuscripts from outside the Rocky Mountain area should be sent direct to the Journal office. Manuscripts must be typewritten, double or triple spaced, using only one side of each sheet. It is the policy of this Journal to omit bibliographies

Advertising: National representatives: The State Journal Advertising Bureau, 535 North Dearborn Street, Chicago 10, Ill. Local advertising from firms in the Rocky Mountain area should be submitted to the Associate Editor of the appropriate state or to the Journal office. Advertising forms close on the 15th of the month preceding publication; allow ten days additional to insure submitting proofs for approval.

Subscription: $3.50 per year in advance, postpaid in the United States and its possessions; single copy 35c plus postage. Subscription is included in medical society dues of sponsoring state medical organizations.

Second Class Matter: Entered as second class matter Jan. 22, 1906, at the Post Office at Denver, Colo., under the Act of Congress of March 3, 1879. Accepted for mailing at special rates of postage provided for in Section 1103, Act of Oct. 3, 1917; authorized July 17, 1918.

Why is it, Doctor, that one filter cigarette gives so much more protection than any other?



The answer is simply this: Among today's nine brands of filter cigarettes, KENT, and KENT alone, has the *Micronite Filter*... made of a pure, dust-free material that is so safe, so effective it has been selected to help filter the air in hospital operating rooms.

> In continuing and repeated impartial scientific tests, KENT's Micronite Filter consistently proves that it takes out *more* nicotine and tars than *any* other filter cigarette, old or new.

And yet, with all its superior protection, KENT's Micronite Filter lets smokers enjoy the full, satisfying flavor of fine, mellow tobaccos.

For these reasons, Doctor, shouldn't KENT be the choice of those who want the minimum of nicotine and tars in their cigarette smoke?

Kent

... the only cigarette with the MICRONITE FILTER

for the greatest protection in cigarette history

THE COLORADO STATE MEDICAL SOCIETY

NEXT MIDWINTER CLINICS: FEBRUARY 15-18, 1955; SHIRLEY-SAVOY HOTEL, DENVER
NEXT ANNUAL SESSION: SEPTEMBER 20-23, 1955; SHIRLEY-SAVOY HOTEL, DENVER

OFFICERS, 1954-1955

Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated the term is for one year only and expires at the 1955 Annual Session.

President: Samuel P. Newman, Denver.

President-Elect: Robert T. Porter, Greeley.

Vice President: K. D. A. Allen, Denver.

Constitutional Secretary (three years): James M. Perkins, Denver, 1957.

Treasurer (two years): William C. Service, Colorado Springs, 1956.

Additional Trustees (three years): William R. Lipscomb, Denver, 1955; Thomas K. Mahan, Grand Junction, 1955; C. Walter Metz, Denver, 1956; Lawrence D. Buchanan, Wray, 1957.
(The above nine officers compose the Board of Trustees of which Dr. Newman is Chairman and Dr. Lipscomb is Vice Chairman for the 1954-55 year.)

Board of Counselors (three years): District No. 1: Paul R. Hildebrand, Brush, 1957; No. 2: John D. Gillaspie, Boulder, 1957; No. 3: Osgoode S. Philpott, Denver, 1957; No. 4: Ward C. Fenton, Rocky Ford, 1956; No. 5: Scott A. Gale, Pueblo, 1956; No. 6: Herman W. Roth, Vice Chairman, Monte Vista, 1956; No. 7: Leo W. Lloyd, Chairman, Durango, 1955; No. 8: Harvey M. Tupper, Grand Junction, 1955; No. 9: Ray G. Witham, Craig, 1955.

Board of Supervisors (two years): Harold E. Haymond, Chairman, Greeley, 1956; William N. Baker, Vice Chairman, Pueblo, 1955; Sam W. Downing, Secretary, Denver, 1956; David W. McCarty, Longmont, 1955; Duane F. Hartshorn, Fort Collins, 1955; Geno Saccomanno, Grand Junction, 1955; Kenneth H. Beebe, Sterling, 1955; V. V. Anderson, Del Norte, 1955; J. Alan Shand, La Junta, 1956; George G. Balderston, Montrose, 1956; Lester L. Williams, Colorado Springs, 1956; Robert A. Hoover, Salida, 1956.

Delegates to American Medical Association (two years): George A. Unfug, Pueblo, 1955; (Alternate: E. H. Munro, Grand Junction, 1955); W. H. Halley, Denver, to Dec. 31, 1954, succeeded by Kenneth C. Sawyer, Denver, 1956; (Alternate: Irvin E. Hendryson, Denver, 1956).

Foundation Advocate: Walter W. King, Denver.

House of Delegates: Speaker, John A. Weaver, Greeley; Vice Speaker, William B. Condon, Denver.

Executive Office Staff: Mr. Harvey T. Sethman, Executive Secretary; Mrs. Geraldine A. Blackburn, Executive Assistant; 835 Republic Building, Denver 2, Colorado; Telephone: AComa 2-0547.

General Counsel: Mr. J. Peter Nordlund, Attorney-at-Law, Denver.

STANDING COMMITTEES

Committee on Constitution, By-Laws and Credentials: John L. McDonald, Chairman, Colorado Springs; Carl W. Swartz, Pueblo; Ernest A. Jaros, Grand Junction; E. A. Elliff, Sterling; S. W. Holley, Loveland; F. B. McGlone, Denver; H. M. Van Der Schouw, Wheatridge. Past-President Advisors: Leo W. Bortree, Colorado Springs; Wm. H. Halley, Denver; Fred A. Humphrey, Fort Collins.

Health Education (two years): Jack D. Bartholomew, Chairman, Boulder, 1956; Louis Barbato, Denver, 1955; William C. Beaver, Grand Junction, 1955; R. Sherwin Johnston, La Junta, 1955; Dwight C. Dawson, Colorado Springs, 1955; Richard W. Whitehead, Denver, 1955; Robert L. Schmidt, Fort Collins, 1956; Tullius W. Halley, Durango, 1956; Duane D. Lahey, Burlington, 1956; Edwin T. Williams, Denver, 1956.

Sub-Committee on School Health: Jack Bartholomew, Chairman, Boulder; Joseph A. Leonard, Lakewood; John C. Lundgren, Julesburg; William R. Sisson, La Junta.

Library and Medical Literature: Wm. H. Halley, Chairman, Denver; Lorenz W. Frank, Denver; George P. Lingenfelter, Denver; Nolie Mumey, Denver.

Medical Education and Hospitals: William C. Black, Chairman, Denver; F. R. Manlove, Denver; Harry C. Bryan, Colorado Springs; George A. Unfug, Pueblo; James A. Philpott, Jr., Denver; Charles G. Freed, Denver; Frank B. McGlone, Denver; C. W. Eisele, Denver.

Medical Service: Harold D. Palmer, Chairman, Denver, 1956; Geno Saccomanno, Grand Junction, 1955; Kenneth C. Sawyer, Denver, 1955; Roy L. Cleere, Denver, 1955; Robert K. Brown, Denver, 1955; Ernest A. Jaros, Grand Junction, 1956; Wm. B. Condon, Denver, 1956; Ralph M. Stuck, Denver, 1956.

Medical Service Subcommittees:

Distribution of Physicians: Hermann B. Stein, Chairman, Denver; Jess H. Humphries, Delta; Fred A. Humphrey, Fort Collins; J. Alan Shand, La Junta.

Indigent Medical Services: William B. Condon, Chairman, Denver; Kenneth E. Prescott, Grand Junction; James M. Lamme, Jr., Walsenburg; James F. Hoffman, Fort Collins.

Medical Care of Veterans: Robert K. Brown, Chairman, Denver; Harvey M. Tupper, Grand Junction; Gilbert T. Good, Yuma; S. L. Kallay, Lakewood; Eugene B. Ley, Pueblo; R. S. Liggett, Denver.

Blood Banks: Wm. A. Rettberg, Chairman, Denver; Geno Saccomanno, Grand Junction; Edward B. Mugrage, Denver; Albert J. Miller, Pueblo.

Emergency Medical Service: Roy L. Cleere, Chairman, Denver; Marshall G. Nims, Denver; Thad P. Sears, Denver; K. F. Sunderland, Denver; J. G. Hedrick, Wray; Robert F. Hall, Grand Junction; Hugh F. Williamson, Paonia; T. W. Halley, Durango; Foster Matchett, Denver; David R. Barglow, Trinidad; Eugene Wiege, Greeley; James D. Stewart, Fort Collins; James W. Lewis, Colorado Springs; Douglas R. Collier, Wheatridge.

Intro-Professional Insurance Problems: Ralph M. Stuck, Chairman, Denver; Ray G. Witham, Craig; John E. Karabin, Colorado Springs; R. L. Gunderson, Denver; Kester V. Maul, Denver; George L. Pattee, Denver.

Hospital-Professional Relations: Kenneth C. Sawyer, Chairman, Denver; Gatewood C. Milligan, Englewood; David P. Halfen, Lakewood; Richard L. Davis, La Junta; E. H. Munro, Grand Junction; Paul R. Hildebrand, Brush; Charles L. Mason, Durango; Robert P. Allen, Denver; Eugene Wiege, Greeley; Lawrence D. Dickey, Fort Collins.

Prepayment Services: James R. Blair, Chairman, Denver; Charles G. Freed, Vice Chairman, Denver; Terry J. Gromer, Denver; Harry C. Hughes, Denver; J. W. McMullen, Colorado Springs; Duane F. Hartshorn, Fort Collins; Harry L. Wherry, Longmont; Scott A. Gale, Pueblo; Gilbert R. Hall, Denver; Whitney C. Porter, Denver.

Mediologal: C. Sidney Bluemel, Chairman, Denver; Hamilton I. Barnard, Denver; Ralph H. Verploeg, Denver; E. J. Meister, Denver; Wm. W. Haggart, Vice Chairman, Denver; Ervin A. Hinds, Denver (two year terms).

Neurology: Frances McConnell-Mills, Chairman, Denver; Roger S. Whitney, Colorado Springs.

Public Health: James S. Cullyford, Chairman, Denver; Edward S. Miller, Denver; E. L. Binkley, Jr., Denver; Vernon K. Anderl, Denver; Clyde E. Stanfield, Denver; Jackson L. Sadler, Fort Collins; Frederick H. Brandenburg, Denver; Robert W. Gordon, Denver; Franklin E. Ebaugh, Denver; Frank C. Campbell, Denver.

Public Health Subcommittees:

Cancer Control: Frederick Brandenburg, Chairman, Denver; Ernest G. Ceriani, Kremmling; T. W. Halley, Durango; V. E. Wohlauer, Brush; Paul B. Stidham, Grand Junction; John B. Grow, Denver.

Crippled Children: Jackson L. Sadler, Chairman, Fort Collins; Mary L. Moore, Grand Junction; Robert L. Gunderson, Denver; James A. Johnson, Colorado Springs; Edward L. Binkley, Jr., Denver; V. E. Wohlauer, Brush.

Geriatrics: Robert W. Gordon, Chairman, Denver; Charley J. Smyth, Denver; Joseph J. Parker, Grand Junction; Joel R. Husted, Boulder; Robert C. Lewis, Aspen; Edwin C. Likes, Lamar.

Industrial Health: James S. Cullyford, Chairman, Denver; Robert F. Bell, Denver; Robert F. Hall, Grand Junction; James S. Haley, Longmont; Frederick C. Hoebel, Colorado Springs; James E. Donnelly, Trinidad.

Maternal and Child Health: Raymond A. Nethery, Chairman, Pueblo; Mariana Gardner, Denver; Robert J. Groom, Grand Junction; Donn J. Barber, Greeley; Mason M. Light, Gunnison; Elmer P. Monahan, Jr., Craig.

Mental Health: Franklin G. Ebaugh, Chairman, Denver; Edward G. Billings, Denver; John M. Lyon, Denver; Frank H. Zimmerman, Pueblo; Wm. R. Lipscomb, Denver; Paul A. Draper, Colorado Springs.

Rehabilitation: Richard H. Mellen, Chairman, Colorado Springs; Herbert S. Gaskill, Denver; George C. Twombly, Jr., Denver; Roger G. Howlett, Golden; John B. Farley, Pueblo; Felice A. Garcia, Denver.

Rural Health: Monroe R. Tyler, Chairman, Denver; Hugh F. Williamson, Paonia; Fred A. Humphrey, Fort Collins; Henry P. Thode, Jr., Fort Collins; Virgil A. Gould, Meeker; Park D. Keller, Akron; Keith F. Krausnick, Lamar; V. E. Wohlauer, Brush.

Sanitation: Leo W. Lloyd, Chairman, Durango; Roy L. Cleere, Denver; Harlan E. McClure, Lamar; George C. Christie, Canon City; G. E. McDonald, Fowler; Alan A. Basinger, Glenwood Springs.

Tuberculosis Control: John Zarit, Chairman, Denver; L. W. Holden, Boulder; R. J. Groom, Grand Junction; Wm. F. Stone, Colorado Springs; H. W. Van Der Schouw, Wheatridge; W. K. Absher, Pueblo; W. J. Hinzelman, Greeley; R. S. Liggett, Denver; Arthur Robinson, Denver; Joseph E. Cannon, Denver.

Public Policy: Gatewood C. Milligan, Chairman, Englewood; Karl Arndt, Vice Chairman, Denver; Harry C. Hughes, Denver; John Zarit, Denver; Robert P. Harvey, Denver; J. Robert Spencer, Denver; Roger G. Howlett, Golden; Jackson L. Sadler, Fort Collins; William T. Baker, Pueblo; William S. Curtis, Boulder; William A. Campbell, Colorado Springs; Kenneth H. Beebe, Sterling; Heman R. Bull, Grand Junction; Ex-officio: Samuel P. Newman, Denver, President; Robert T. Porter, Greeley, President-Elect; James M. Perkins, Denver, Constitutional Secretary.

Public Policy Subcommittees:

Legislation: H. I. Barnard, Chairman, Denver; Irvin E. Hendryson, Vice Chairman, Denver; John B. Farley, Pueblo; Kenneth C. Sawyer, Denver; John D. Gillaspie, Boulder; William A. Hines, Denver; William M. Covode, Denver; Frank B. McGlone, Denver.

Publicity: John S. Bouslog, Chairman, Denver; Press Relations: George H. Curfman, Vice Chairman, Denver; George R. Buck, Denver; Douglas W. Macomber, Denver; Radio and TV Relations: William B. Condon, Vice Chairman, Denver; John S. Bouslog, Denver; Cyrus W. Anderson, Denver.

Weekly Health Column and Health Articles: John H. Amesse, Chairman, Denver; Edward J. Donovan, Denver; Joseph B. McCloskey, Denver; Donn R. Barber, Denver; Donald K. Perkin, Denver; Aaron Paley, Denver; Robert P. Harvey, Denver; William H. Wierman, Denver; Woodrow S. Hazel, Denver.

Rocky Mountain Medical Conference: George P. Lingenfelter, Chairman, Denver, 1957; Terry J. Gromer, Denver, 1955; William Covode, Denver, 1956; L. Clark Hepp, Denver, 1958; H. Calvin Fisher, Denver, 1959.

Scientific Program: William R. Coppinger, Chairman, Denver; William A. Hines, Vice Chairman, Denver; Calvin H. Fisher, Denver; John H. Darst, Greeley; Kenneth W. Dumars, Jr., Colorado Springs; Carl W. Swartz, Pueblo; Frederick H. Brandenburg, Denver; Charley J. Smyth, Denver.

Subcommittee on Entertainment: William A. Hines, Chairman, Denver; Ivan W. Philpott, Denver; James S. Haley, Longmont; Herman S. Maul, Denver.

SPECIAL COMMITTEES

Advisory to Auxiliary: Karl Arndt, Chairman, Denver; George H. Curfman, Jr., Denver; William S. Curtis, Boulder.

American Medical Education Foundation: Karl F. Sunderland, Chairman, Denver; James P. Rigg, Grand Junction; Frank B. McGlone, Denver; Ervin A. Hinds, Denver; Walter M. Boyd, Greeley; Frank I. Nicks, Sr., Colorado Springs.

Automotive Safety: Horace H. Campbell, Chairman, Denver; John G. Hedrick, Wray; Elmer M. Franz, Denver; Freeman D. Fowler, Idaho Springs; Robert R. Livingston, Glenwood Springs; William C. Beaver, Grand Junction.

Military Affairs: Robert S. Liggett, Chairman, Denver; George R. Buck, Denver; John M. Foster, Denver; Claude D. Bonham, Denver; Calvin Caldwell, Pueblo; Ward C. Fenton, Rocky Ford; Leo W. Lloyd, Durango; W. B. Crouch, Colorado Springs; Harvey M. Tupper, Grand Junction.

Representative to Rocky Mountain Radio Council: John S. Bouslog, Denver.

Representative to Adult Education Council: John A. Edwards, Denver; John H. Freed, Denver.

Committee on Physician-Nurse Relations: Harold D. Palmer, Chairman, Denver; John A. Weaver, Jr., Greeley; Lex Penix, Denver; Irving H. Schwab, Colorado Springs; Terry Gromer, Denver; Robert M. Maul, Denver.

Blue Shield Fee Schedule Advisory Committee: Frank B. McGlone, Chairman, Denver; J. Lawrence Campbell, Vice Chairman, Denver; Fred A. Humphrey, Fort Collins; Lloyd W. Anderson, Sterling; John H. Amesse, Robert F. Bell, George R. Buck, John G. Griffin, John B. Grow, Daniel R. Higbee, Harry C. Hughes, Douglas W. Macomber, Bradford Murphey, John M. Nelson, James A. Philpott, Kenneth Sawyer, Warren W. Tucker, John I. Zarit, Stanley K. Kurland, all of Denver; William N. Baker, George A. Unfug, Pueblo; George G. Balderston, Montrose; Lee J. Beuchat, Trinidad; Lawrence D. Buchanan, Wray; Guy E. Calonge, La Junta; Norman L. Currie, Burlington; L. L. Hick, Delta; Paul R. Hildebrand, Brush; Fred D. Kuykendall, Eaton; James M. Lamme, Jr., Walsenburg; Robert C. Lewis, Jr., Aspen; Mason Light, Gunnison; James S. Haley, Longmont; Harlan E. McClure, Lamar; Franklin J. McDonald, Leadville; Ben H. Mayer, Steamboat Springs; Edward G. Merritt, Dolores; G. C. Milligan, Englewood; C. W. Vickers, Del Norte; A. D. Waroshill, Florence; W. Lloyd Wright, Golden; Theodore E. Heinz, Greeley; John D. Gillaspie, Boulder; Kenneth E. Gloss, John W. Bradley, John L. McDonald, R. C. Vanderhoof, all of Colorado Springs; Kenneth E. Prescott, Grand Junction.

MONTANA MEDICAL ASSOCIATION

OFFICERS, 1954-55

Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at the 1955 Annual Session.

President: John J. Malee, Anaconda.

President-Elect: George W. Setzer, Malta.

Vice President: Harvey L. Casebeer, Butte.

Secretary-Treasurer: Theodore R. Vye, Billings

Assistant Secretary-Treasurer: Park W. Willis, Jr., Hamilton.

Executive Secretary: Mr. L. R. Hegland, 1236 N. 28th St., Billings.

Delegate to the American Medical Association: Raymond F. Peterson, Butte.

Alternate Delegate to the American Medical Association: Paul J. Gans, Lewiston.

STANDING COMMITTEES

Executive Committee: J. J. Malee, Anaconda, Chairman; H. L. Casebeer, Butte; James M. Flinn, Helena; S. C. Pratt, Miles City; George W. Setzer, Malta; T. R. Vye, Billings; Park W. Willis, Jr., Hamilton.

Economic Committee: Paul J. Gans, Lewistown, Chairman; Raymond E. Benson, Billings; Leonard W. Brewer, Missoula; David Gregory, Glasgow; William E. Harris, Livingston; Robert J. Holzberger, Great Falls; John E. Low, Sidney; D. S. MacKenzie, Jr., Havre.

Legislative Committee: Amos R. Little, Jr., Helena, Chairman; David T. Berg, Helena, 1956; Herbert T. Caraway, Billings, 1955; William F. Cashmore, Helena, 1955; C. H. Fredrickson, Missoula, 1956; M. A. Gold, Butte, 1957; R. W. Thometz, Butte, 1957.

Necrology and History of Medicine Committee: E. M. Gans, Harlowton, Chairman; R. D. Benson, Sidney; M. G. Danskin, Billings; Albert A. Dodge, Kalispell; E. S. Murphy, Missoula; William G. Richards, Billings; John P. Ritchey, Missoula; James I. Wernham, Billings.

Public Relations Committee: Park W. Willis, Jr., Hamilton, Chairman, 1955; Albert W. Axley, Havre, 1955; E. H. Lindstrom, Helena, 1957; Joseph S. Pennepacker, Sidney, 1957; James C. Shields, Butte, 1957; C. R. Svore, Missoula, 1956; A. L. Vadheim, Jr., Bozeman, 1956; George D. Waller, Jr., Cut Bank, 1956; John A. Whittinghill, Billings, 1955.

Legal Affairs and Malpractice Committee: Louis W. Allard, Billings, Chairman; John H. Bridenbaugh, Billings; Fritz D. Hurd, Great Falls; Robert E. Mattison, Billings; Park W. Willis, Jr., Hamilton.

Program Committee: John A. Layne, Great Falls, Chairman; (To be appointed), Vice Chairman; Deane C. Epler, Bozeman; Roger A. Larson, Billings; Stephen N. Preston, Missoula; T. R. Vye, Billings, Ex-officio.

Interprofessional Relations Committee: Thomas L. Hawkins, Helena, Chairman; Louis W. Allard, Billings; Kenneth E. Bruns, Kalispell; Richard O. Chambers, Glendive; John K. Colman, Butte; Francis I. Sabo, Bozeman.

Nominating Committee: M. A. Gold, Butte, Chairman; David Gregory, Glasgow; James D. Morrison, Billings; Wyman J. Roberts, Great Falls; C. R. Svore, Missoula.

Auditing Committee: George M. Donich, Anaconda, Chairman; Leonard M. Benjamin, Deer Lodge; Robert D. Kapp, Wolf Point; William R. McElwee, Townsend; John J. Mitschke, Helena.

Mediation Committee: Harold W. Fuller, Great Falls, Chairman, 1956; H. M. Clemmons, Butte, 1955; Edward W. Gibbs, Billings, 1957; Robert G. Kreeze, Butte, 1957; Chester W. Lawson, Havre, 1955; George J. Moffitt, Livingston, 1956; E. S. Murphy, Missoula, 1955; R. W. Polk, Miles City, 1956; George G. Sale, Missoula, 1957.

Cancer Committee: Harold W. Gregg, Butte, Chairman; H. M. Blegen, Missoula; H. H. James, Butte; Harry W. Power, Great Falls; Edwin C. Segard, Billings; William H. Sippel, Bozeman; Daniel E. Zier, Miles City.

Maternal and Child Welfare Committee: Donald L. Gillespie, Butte, Chairman.

Subcommittee on Obstetrics: Charles W. Pemberton, Butte, Chairman; J. E. Brann, Kalispell; Harry B. Campbell, Missoula; Maude M. Gerdes, Billings; Elna M. Howard, Miles City; John E. Hynes, Billings.

Subcommittee on Pediatrics: Orville M. Moore, Helena, Chairman; George H. Barmeyer, Missoula; Frank J. Friden, Great Falls; George W. Nelson, Billings; Philip D. Pallister, Boulder; Paul R. Ensign, Helena, Ex-officio.

Tuberculosis Committee: Harry V. Gibson, Great Falls, Chairman; Roger W. Clapp, Butte; Alfred M. Fulton, Billings; Harold F. Hagan, Anaconda; John M. Nelson, Missoula; Harry W. Power, Great Falls; Frank I. Terrill, Galen; Charles E. Trush, Kalispell; Mabel E. Tuchscherer, Butte; L. S. McLean, Helena, Ex-officio.

Fracture and Orthopedic Committee: John C. Wolgamot, Great Falls, Chairman; L. Clayton Allard, Billings; H. M. Clemmons, Butte; John K. Colman, Butte; Walter H. Hagen, Billings; Charles F. Honeycutt, Missoula; Stephen L. Odgers, Missoula; Thomas C. Power, Great Falls; Paul R. Ensign, Helena, Ex-officio.

Rural Health Committee: B. C. Farrand, Jordan, Chairman; M. O. Anderson, Hardin; Raymond G. Johnson, Harlowton; Ronald E. Losee, Ennis; H. A. Stanchfield, Dillon; Walter G. Tanglin, Polson; Francis L. Van Veen, St. Ignatius; George D. Waller, Jr., Cut Bank; Joseph J. Wier, Big Sandy; L. S. McLean, Helena, Ex-officio.

Industrial Welfare Committee: A. R. Kintner, Missoula, Chairman; David J. Almas, Havre; William F. Morrison, Missoula; Russell B. Richardson, Great Falls; L. F. Rotar, Butte; James G. Sawyer, Butte; Jesse T. Schwidde, Billings; Frank K. Waniata, Great Falls; G. D. Carlyle Thompson, Helena, Ex-officio.

Rheumatic Fever and Heart Committee: Deane C. Epler, Bozeman, Chairman; William G. Ensign, Billings; John S. Gilson, Great Falls; Elizabeth Grimm, Billings; B. A. Lucking, Helena; John H. O'Leary, Harve; Richard D. Weber, Missoula; G. D. Carlyle Thompson, Helena, Ex-officio.

Rocky Mountain Medical Conference Committee: H. M. Blegen, Missoula, Chairman, 1955; Albert W. Axley, Havre, 1958; Charles B. Craft, Bozeman, 1956; M. A. Gold, Butte, 1957; T. W. Saam, Butte, 1959; J. J. Malee, Anaconda, Ex-officio; T. R. Vye, Billings, Ex-officio.

Public Health Committee: George W. Setzer, Malta, Chairman; Walter B. Cox, Missoula; Deane C. Epler, Bozeman; B. C. Farrand, Jordan; Harry V. Gibson, Great Falls; Donald L. Gillespie, Butte; Harold H. Gregg, Butte; Thomas L. Hawkins, Helena; A. R. Kintner, Missoula; Thomas J. Malee, Glendive; Walter G. Tanglin, Polson; George E. Trobough, Anaconda; Thomas F. Walker, Jr., Great Falls; Winfield S. Wilder, Great Falls; John C. Wolgamot, Great Falls.

Hospital Relations Committee: Walter B. Cox, Missoula, Chairman; Robert B. Beans, Great Falls; Mary E. Martin, Billings; John A. Newman, Butte; D. Davis Parke, Bozeman; Frank M. Petkevich, Great Falls.

Committee on Blood Banks: Mary E. Martin, Billings, Chairman; H. M. Blegen, Missoula; Tom B. Moore, Kalispell; John A. Newman, Butte; Raymond F. Peterson, Butte; Dora V. H. Walker, Great Falls.

SPECIAL COMMITTEES

Arthritis and Rheumatism Committee: Ralph H. Biehn, Billings, Chairman; John F. Fulton, Missoula; John J. Mitschke, Helena; Stuart D. Whetstone, Cut Bank; M. D. Winter, Miles City.

Emergency Medical Service Committee: George E. Trobough, Anaconda, Chairman; Charles P. Brooke, Missoula; Harry V. Gibson, Great Falls; B. A. Lucking, Helena; Francis I. Sabo, Bozeman; W. Bruce Talbot, Butte; G. D. Carlyle Thompson, Helena, Ex-officio.

Committee on Medical Education: Everett H. Lindstrom, Helena, Chairman; Leonard W. Brewer, Missoula; L. L. Howard, Great Falls; Frank L. McPhail, Great Falls; James D. Morrison, Billings.

Mental Hygiene Committee: Winfield S. Wilder, Great Falls, Chairman; Joseph W. Brinkley, Great Falls; James J. Bulger, Great Falls; Gladys V. Holmes, Missoula; M. A. Ruona, Billings.

School Health Committee: Ray O. Bjork, Helena, Chairman; David F. Hall, Butte; Earl L. Hall, Great Falls; F. Hanly Burton, Butte; Don R. Reed, Anaconda; Raymond E. Smalley, Billings; C. R. Svore, Missoula.

Committee on Veterans Affairs: Frederic S. Marks, Billings, Chairman; Frank A. Gardiner, Butte; Thomas L. Hawkins, Helena; Leonard E. Kuffel, Missoula; Raymond F. Peterson, Butte; Warren H. Randall, Miles City.

Advisory Committee on Courses for Medical Secretaryships: David J. Almas, Havre, Chairman; E. K. George, Missoula; Edward W. Gibbs, Billings; H. H. James, Butte; Ronald G. Keeton, Bozeman; Otto G. Klein, Helena; Neil M. Leitch, Kalispell; George B. LeTellier, Lewistown; Frank K. Waniata, Great Falls.

Committee on Highway Safety: Thomas L. Hawkins, Helena, Chairman; James M. Flinn, Helena; Raymond O. Lewis, Helena; Amos R. Little, Jr., Helena; James D. Morrison, Billings.

Joint Commission for the Improvement of the Care of the Patient: S. C. Pratt, Miles City; John C. Hanley, Great Falls; Ralph L. Towne, Kalispell.

REPRESENTATIVES OF THE MONTANA MEDICAL ASSOCIATION TO OTHER STATE AND NATIONAL ORGANIZATIONS

Montana Committee for Employment of the Physically Handicapped: H. M. Clemmons, Butte.

Joint Committee of Health Problems in Education of the National Education Association and the American Medical Association: Ray O. Bjork, Helena.

State Committee for Student Affiliation in the Field of Public Health: L. S. McLean, Helena.

State Board of Eugenics: Gladys V. Holmes, Missoula; J. J. Malee, Anaconda.

Montana Health Planning Council: Walter G. Tanglin, Polson; R. Wynne Morris, Helena.

Advisory Committee on Narcotic and Alcohol Education: Winfield S. Wilder, Great Falls; Wayne M. Roney, Billings.

Rocky Mountain Medical Journal: Raymond F. Peterson, Butte, Scientific Editor for Montana; Mr. L. Russell Hegland, Billings, Associate Editor for Montana.

The Full-Liquid Diet pulls its own weight!

Packing good nutrition into the full-liquid diet for your patient who must stay on it a long time is sometimes difficult. But with a blender or egg beater, almost any food can be used.

Mix the same foods many ways—

Strained chicken in milk makes "bisque"—in tomato juice it's "creole." Strained liver and bacon double-times the same way.

Your patient may like cottage cheese whipped into milk flavored with chocolate and mint, or he can blend it with cranberry juice sparked with lime.

Strained carrots go in milk, broth, or pineapple juice. Flavor the milk blend with nutmeg, the broth with parsley, and the juice with cinnamon and brown sugar. An egg or skim milk powder may be added for a protein bonus.

Strained fruits in fruit juices do well with a squeeze of lemon or a touch of mint.

Then serve them up with dash—

Bright colored drinks look good in clear glass—pale ones in gayly painted glasses. And if a mixture looks drab, hide it in a bean pot or a round jam jar wrapped in a napkin.

Add a bright plastic straw. And for garnish, try a sprinkle of spice, a spoonful of sherbet, a dab of whipped cream, or a lemon slice hooked on the edge of the glass. Or frost the rim by dipping the glass in water, then in sugar.

Of course, only you can tell your patient *just which foods* he can and must have for his specific condition. But these suggestions can help guide him within the limits you set.

United States Brewers Foundation

Beer—America's Beverage of Moderation

pH 4.3; 104 calories/8 oz. glass (AVERAGE OF AMERICAN BEERS)

If you'd like reprints for your patients, please write United States Brewers Foundation, 535 Fifth Avenue, New York 17, N. Y.

NEW MEXICO MEDICAL SOCIETY

NEXT ANNUAL SESSION: ALBUQUERQUE, MAY 4, 5, 6, 1955
(Joint Meeting with Rocky Mountain Medical Conference)

OFFICERS, 1954-55

President: John F. Conway, Clovis.

Immediate Past President: Albert S. Lathrop, Santa Fe.

President-Elect: Stuart W. Adler, Albuquerque.

Vice President: Earl L. Malone, Roswell.

Secretary-Treasurer: Lewis M. Overton, Albuquerque.

Executive Secretary: Mr. Ralph R. Marshall, 223-24 First National Bank Bldg., Albuquerque. Phone 2-2102.

Councilors (three years): W. D. Dabbs, Clovis; W. E. Badger, Hobbs; (two years): Carl H. Gellenthien, Valmora; R. C. Derbyshire, Santa Fe; (one year): J. C. Sedgwick, Las Cruces; W. O. Connor, Jr., Albuquerque.

Delegate to American Medical Association (two years): H. L. January, Albuquerque. **Alternate:** Coy S. Stone, Hobbs.

COMMITTEES, 1954-55

Board of Trustees, New Mexico Physicians' Service: President John F. Conway, Clovis; Secretary-Treasurer L. G. Rice, Jr., Albuquerque; C. H. Gellenthien, Valmora; H. L. January, Albuquerque; A. S. Lathrop, Santa Fe; I. J. Marshall, Roswell; L. J. Whitaker, Deming; C. L. Womack, Carlsbad; Fred Hanold, Albuquerque; L. L. Daviet, Las Cruces; C. S. Stone, Hobbs; Albert Simms, Albuquerque; W. R. Oakes, Las Alamos; J. H. Dettweiler, Albuquerque; R. P. Beaudette, Raton; Mr. L. J. Lagrave, Executive Director, 212 Insurance Building, Albuquerque. Phone 3-3188.

Board of Supervisors (two years): Guy Rader, Albuquerque; G. A. Slusser, Artesia, Secretary; S. R. Ziegler, Espanola; Vincent Accardi, Gallup; (one year): George Prothro, Clovis, Chairman; E. W. Lander, Roswell; Milton Floersheim, Raton; N. D. Frazin, Silver City.

Nominating Committee: Victor K. Adams, Raton; S. R. Ziegler, Espanola; Fred Hanold, Albuquerque; W. D. Dabbs, Clovis; Earl Malone, Roswell; Leland S. Evans, Las Cruces.

Legislative and Public Policy Committee: R. C. Derbyshire, Santa Fe, Co-Chairman; W. O. Connor, Jr., Albuquerque, Co-Chairman; C. L. Womack, Carlsbad; R. P. Beaudette, Raton; H. W. Hodde, Hobbs; I. J. Marshall, Roswell; Ashley Pond, Taos; E. M. Warner, Tucumcari; W. D. Dabbs, Clovis; J. A. Rivas, Belen; L. L. Daviet, Las Cruces; L. F. Hamilton, Artesia; W. J. Hossley, Deming; W. E. Oakes, Los Alamos; R. E. Watts, Silver City; J. A. Evans, Las Vegas; Wendell Peacock, Farmington.

Public Relations Committee: Leland S. Evans, Las Cruces, Chairman; R. P. Beaudette, Raton; H. L. January, Albuquerque; O. G. Fischer, Farmington; F. W. Parker, Gallup; U. S. Marshall, Roswell; M. Zenos Smith, Socorro; George Prothro, Clovis; J. A. Evans, Las Vegas; C. L. Womack, Carlsbad; W. J. Hossley, Deming; R. V. Seligman, Albuquerque.

Welfare and Indigent Medical Care Committee: S. R. Ziegler, Espanola, Chairman; D. H. Cahoon, Roswell; M. J. Smith, Santa Fe; J. G. Strance, Albuquerque; L. M. Overton, Albuquerque.

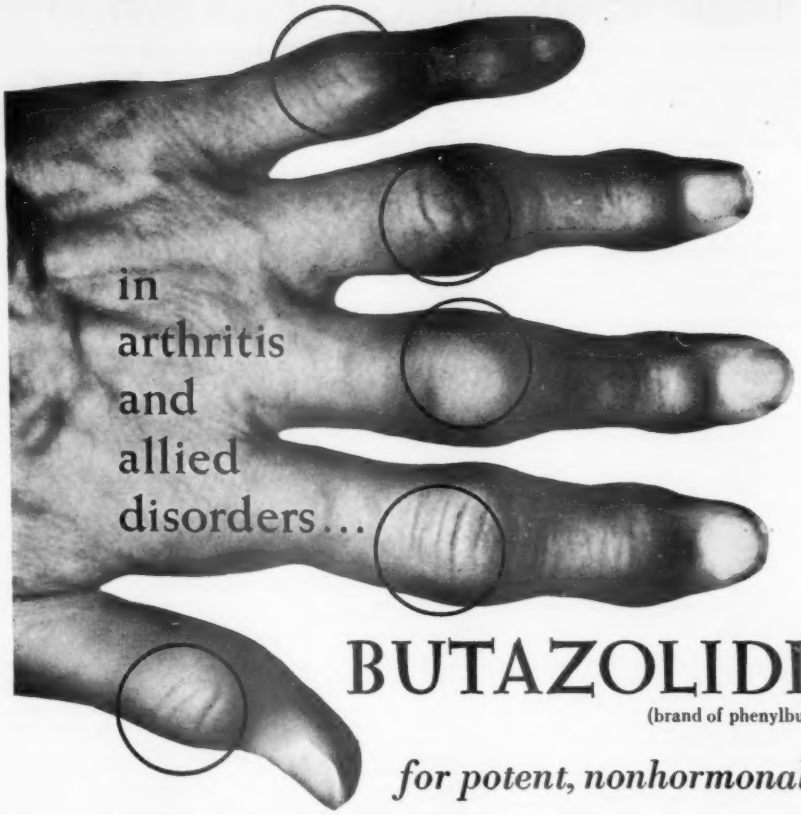
Professional Insurance Committee: L. M. Overton, Albuquerque, Chairman; G. A. Slusser, Artesia; Omar Legant, Albuquerque.

Advisory Committee to Selective Service: H. L. January, Albuquerque, Chairman; G. S. Morrison, Roswell; R. L. Young, Santa Fe.

American Medical Education Foundation: I. J. Marshall, Roswell, State Chairman.

Rural Health Committee: Michel Pijoan, Espanola, State Chairman.

Rocky Mountain Medical Conference Committee: H. L. January, Albuquerque, Chairman.



BUTAZOLIDIN®

(brand of phenylbutazone)

for potent, nonhormonal therapy

The anti-arthritic potency of BUTAZOLIDIN is well substantiated by recent clinical reports. In peripheral rheumatoid arthritis, for example, BUTAZOLIDIN produced "major improvement" in 42.9 per cent of the patients studied; in rheumatoid spondylitis "major improvement" in 80 per cent; and in gout 90.9 per cent demonstrated "marked improvement" or "complete remission of symptoms and signs within 48 hours."*

BUTAZOLIDIN being a potent agent, the physician should carefully select candidates for treatment and promptly adjust dosage to the minimal individual requirement. Patients should be regularly examined during treatment, and the drug discontinued should side reactions develop.

Detailed literature on request.

*MacKnight, J. C.; Irby, R., and Toone, E. C., Jr.: Geriatrics 9:111 (Mar.) 1954.

BUTAZOLIDIN® (brand of phenylbutazone): Red coated tablets of 100 mg.

GEIGY PHARMACEUTICALS
Division of Geigy Chemical Corporation
220 Church Street, New York 13, N.Y.
In Canada: Geigy Pharmaceuticals, Montreal 423

THE UTAH STATE MEDICAL ASSOCIATION

NEXT ANNUAL SESSION: SEPTEMBER 8, 9, AND 10, 1955; SALT LAKE CITY.

OFFICERS, 1954-1955

President: Chas. Ruggeri, Jr., Salt Lake City.

President-Elect: R. O. Porter, Logan.

Past-President: Frank K. Bartlett, Ogden.

Honorary President: J. G. McQuarrie, Richfield.

Secretary: Homer E. Smith, Salt Lake City.

Executive Secretary: Harold Bowman, Salt Lake City.

Treasurer: Alan P. Macfarlane, Salt Lake City.

Councilor, Cache Valley Medical Society.

Councilor, Carbon County Medical Society: L. H. Merrill, Hiawatha.

Councilor, Central Utah Medical Society: R. N. Malouf, Richfield.

Councilor, Salt Lake County Medical Society: James F. Orme, Salt Lake City.

Councilor, Southern Utah Medical Society: R. G. Williams, Cedar City.

Councilor, Uintah Basin Medical Society: T. R. Seager, Vernal.

Councilor, Weber County Medical Society: Rich Johnston, Ogden.

Delegate to A.M.A., 1954-55: Geo. M. Fister, Ogden.

Alternate Delegate to A.M.A., 1954-55: C. Eliot Snow, Salt Lake City.

Editor of the Utah Section of the Rocky Mountain Medical Journal: R. P. Middleton, Salt Lake City.

COMMITTEES

Board of Professional Relations: 1955, G. S. Rees, Central Utah Medical Society, Gunnison; 1955, J. J. Galligan, Salt Lake County Medical Society, Salt Lake City; 1955, John H. Rupper, Utah County Medical Society, Provo; 1955, I. Bruce McQuarrie, Weber County Medical Society, Ogden; 1956, Omar S. Budge, Cache Valley Medical Society, Logan; 1956, Dean Evans, Southern Utah Medical Society, Fillmore; 1956, J. Eldon Dorman, Carbon County Medical Society, Price; 1956, Ray E. Spendlove, Uintah Basin Medical Society, Vernal.

Rocky Mountain Medical Conference Continuing Committee: 1955, U. R. Bryner, Chairman, Salt Lake City; 1956, Heber C. Hancock, Ogden; 1957, Wm. H. Moretz, Salt Lake City; 1958, Robert G. Snow, Salt Lake City; 1959, R. P. Middleton, Salt Lake City.

Scientific Program Committee: Homer E. Smith, Chairman, Salt Lake City; R. M. Muirhead, Salt Lake City; W. E. Cragun, Logan; V. L. Rees, Salt Lake City; L. L. Cullimore, Provo; H. C. Stranquist, Ogden.

Medical Legal Committee: 1955, W. M. Nebeker, Chairman, Salt Lake City; 1955, G. S. Francis, Wellsville; 1955, Donald V. Poppen, Provo; 1956, Paul K. Edmunds, Cedar City; 1956, Oscar E. Grua, Ogden; 1957, H. R. Reichman, Salt Lake City; 1957, Paul S. Richards, Salt Lake City; 1957, Wallace Brooke, Salt Lake City; 1957, Paul Pemberton, Salt Lake City.

Medical Education and Hospitals Committee: 1956, E. D. Zeman, Chairman, Ogden; 1955, R. V. Larsen, Roosevelt; 1955, J. B. Cluff, Richfield; 1955, Mark B. Jensen, Castle Gate; 1956, W. J. Reichman, St. George; 1956, Orson B. Spencer, Price; 1957, E. G. Holmstrom, Salt Lake City; 1957, John A. Gubler, Salt Lake City; 1958, John Z. Brown, Jr., Salt Lake City; 1958, J. Russell Smith, Provo; 1958 Merrill C. Daines, Logan.

Medical Economics Committee: 1955, Thomas R. Broadbent, Chairman, Salt Lake City; 1955, Ralph N. Barlow, Logan; 1955, A. W. Middleton, Salt Lake City; 1956, Milo C. Moody, Spanish Fork; 1956, Gail W. Haut, Dragerton.

Procurement and Assignment Committee: C. Eliot Snow, Chairman, Salt Lake City; Frank K. Bartlett, Ogden; John H. Clark, Salt Lake City; J. Russell Smith, Provo.

SPECIAL COMMITTEES ALLIED TO PUBLIC HEALTH

General Committee on Public Health: James Z. Davis, Chairman, Salt Lake City; A. M. Okelberry, Salt Lake City; John H. Carlquist, Salt Lake City; M. J. Taylor, Salt Lake City; E. M. Kilpatrick, Salt Lake City.

Committee on Fractures: A. M. Okelberry, Chairman, Salt Lake City; Russell N. Hirst, Ogden; John M. Bowen, Provo.

Cancer Committee: John H. Carlquist, Chairman, Salt Lake City; Richard Call, Provo; Leland K. Dayton, Dragerton; James McMurrin, Ogden; H. M. Jackson, Salt Lake City.

Committee on Sewage, Water and Air Pollution: M. J. Taylor, Chairman, Salt Lake City; J. P. Bartlett, Ogden; Glenn R. Leymaster, Salt Lake City; Donald V. Poppen, Provo; Dean C. Evans, Fillmore; Quinn Whiting, Price; Boyd J. Larson, Lehi.

Committee on Tuberculosis and Cardio Vascular Diseases: Elmer M. Kilpatrick, Chairman, Salt Lake City; W. E. Peltzer, Salt Lake City; Donald M. Moore, Ogden; K. A. Crockett, Salt Lake City; Robert D. Beech, Salt Lake City.

Committee on Rural Health: R. W. Farnsworth, Chairman, Cedar City; J. Howard Rasmussen, Co-Chairman, Brigham City; Paul G. Stringham, Roosevelt; Milo C. Moody, Spanish Fork; Kurt L. Jenkins, Marysvale; Dean C. Evans, Co-Chairman, Fillmore.

Committee on School Health: Paul Rasmussen, Chairman, Salt Lake City; Roy A. Darke, Salt Lake City; John M. Coletti, Salt Lake City; Boyd G. Holbrook, Salt Lake City; Sherman M. Brinton, Salt Lake City; Riley G. Clark, Provo; A. W. McGregor, St. George.

Committee on Mental Health: Leonard H. Taboroff, Chairman, Salt Lake City; J. E. Trowbridge, Bountiful; Thurston D. Rivers, Ogden; Eugene L. Weimers, Provo; L. G. Moench, Salt Lake City; Joseph P. Kesler, Salt Lake City.

Industrial Health Committee: James Z. Davis, Chairman, Salt Lake City; Frank J. Winget, Salt Lake City; Gail W. Haut, Dragerton; R. W. Owens, Salt Lake City; H. C. Jenkins, Bingham Canyon; E. M. Kilpatrick, Salt Lake City; R. M. Muirhead, Salt Lake City; J. Russell Smith, Provo; Rulon F. Howe, Ogden; Paul Clayton, Salt Lake City.

SPECIAL COMMITTEES ALLIED TO PUBLIC RELATIONS

General Committee of Public Relations: Wallace Brooke, Chairman, Salt Lake City; Louis P. Matthei, Ogden; K. B. Castleton, Salt Lake City; Clair Hayward, Logan; T. C. Bauerlein, Salt Lake City.

Legislative Committee: Louis P. Matthei, Chairman, Ogden; O. W. Budge, Co-Chairman, Logan; Wallace Brooke, Salt Lake City; M. E. Bird, Delta; Geo. Spendlove, Salt Lake City; John Z. Bowers, Salt Lake City; Clark Rich, Ogden; T. R. Seager, Vernal; Halvard Davidson, Manti; Henry David Rees, Provo; L. V. Broadbent, Cedar City; Dean C. Evans, Fillmore; J. H. Millburn, Tooele; F. H. King, Price; V. L. Stevenson, Co-Chairman, Salt Lake City.

Committee on Utah Health Council: K. B. Castleton, Chairman, Salt Lake City; N. F. Hicken, Salt Lake City; Paul Clayton, Salt Lake City; Q. B. Coray, Salt Lake City; Howard K. Belnap, Ogden; Thomas H. Hall, Payson.

Committee on Relations With Press, Radio and Television: Wallace Brooke, Chairman, Salt Lake City; James A. Cleary, Salt Lake City; J. Clair Hayward, Logan; H. C. Stranquist, Ogden; Rex T. Thomas, Provo.

Committee on Insurance Plans: Clair Hayward, Chairman, Logan; John Z. Brown, Jr., Salt Lake City; Robert G. Snow, Salt Lake City; F. W. Clausen, Salt Lake City; John H. Clark, Salt Lake City; Reynolds F. Cahoon, Salt Lake City.

Newspaper Health Column Committee: T. C. Bauerlein, Chairman, Salt Lake City; Q. B. Coray, Salt Lake City; A. W. Middleton, Salt Lake City; Y. D. Eskelson, Salt Lake City; Preston Cutler, Salt Lake City; E. Wayne Alred, Orem.

SPECIAL COMMITTEES

Civilian Defense Committee: Leslie J. Paul, Chairman, Salt Lake City; S. M. Budge, Logan; LeRoy A. Wirthlin, Salt Lake City; M. P. Southwick, Odgen; Riley G. Clark, Provo; Geo. Spendlove, Salt Lake City.

Constitution and By-Laws Committee: J. Russell Smith, Chairman, Provo; James M. Catlin, Ogden; W. W. Barrett, Helper; R. O. Johnson, Murray; Garner B. Meads, Salt Lake City; Heber C. Hancock, Ogden; James A. Cleary, Salt Lake City.

Blood Bank Committee: Crichton McNeil, Chairman. (Other members to be the Chairmen from the Blood Bank Committees of the County Component Societies.)

Advisory Committee to Woman's Auxiliary: Charles Ruggeri, Jr., Chairman, Salt Lake City; R. O. Porter, Logan; Frank K. Bartlett, Ogden; Homer E. Smith, Salt Lake City; Alan Macfarlane, Salt Lake City; L. H. Merrill, Hiawatha; R. N. Malouf, Richfield; James F. Orme, Salt Lake City; R. G. Williams, Cedar City; T. R. Seager, Vernal; D. E. Ostler, Provo; Rich Johnston, Ogden.

Necrology Committee: James K. Palmer, Salt Lake City; L. A. Stevenson, Chairman, Salt Lake City.

Rheumatic Fever Committee: L. G. Veasey, Chairman, Salt Lake City; Geo. Spendlove, Salt Lake City; Wm. R. Young, Salt Lake City; Joan Critchlow, Salt Lake City; Homer Rich, Ogden; Don C. Merrill, Provo; John Wright, Price; Ralph N. Barlow, Logan.

Veterans Affairs Committee: Vernon Stevenson, Chairman, Salt Lake City; V. H. Johnson, Ogden; M. A. Lyman, Delta.

Special Liaison Committee to Allied Professions: Wm. M. Nebeker, Chairman, Salt Lake City; T. C. Weggeland, Salt Lake City; Eugene Wood, Salt Lake City; Dean Tanner, Ogden; Angus K. Wilson, Salt Lake City.

Committee on Aid to the Aged: Victor Kassell, Chairman, Salt Lake City; Vernon Ward, Ogden; G. B. Madsen, Mt. Pleasant; T. R. Gledhill, Richfield; LeRoy Wirthlin, Salt Lake City; L. W. Sorenson, Parowan; A. J. Lund, Ogden; J. J. Weight, Provo.

Committee on Accident Prevention: Nomma Randall, Chairman, Salt Lake City; Dean Spear, Salt Lake City; Chester Powell, Salt Lake City; Jack L. Tedrow, Salt Lake City; Jay P. Bartlett, Ogden; W. H. Anderson, Ogden; Ralph N. Barlow, Logan; R. H. Delafield, Vernal; Robert Dalrymple, Salt Lake City.

Special Committee on Hospital Staff Regulations: T. E. Robinson, Chairman, Salt Lake City; Wm. Ray Rumel, Salt Lake City; L. B. White, Salt Lake City; James Z. Davis, Salt Lake City; Drew M. Peterson, Ogden.

Special Committee on Hospital Laws: W. M. Nebeker, Chairman, Salt Lake City; Rich Johnston, Ogden; Shelley Swift, Salt Lake City; K. B. Castleton, Salt Lake City; W. E. Cragun, Logan; Orson Spencer, Price; Boyd Larson, Lehi.

Planning Committee: Homer E. Smith, Chairman, Salt Lake City; Charles Ruggeri, Jr., Salt Lake City; F. K. Bartlett, Ogden; R. O. Porter, Logan; R. N. Malouf, Richfield; Alan Macfarlane, Salt Lake City.

Executive Committee: Charles Ruggeri, Jr., Chairman, Salt Lake City; Frank K. Bartlett, Ogden; R. O. Porter, Logan; Homer E. Smith, Salt Lake City; Alan Macfarlane, Salt Lake City.

Finance Committee: Alan Macfarlane, Chairman, Salt Lake City; Charles Ruggeri, Jr., Salt Lake City; Frank K. Bartlett, Ogden; Homer E. Smith, Salt Lake City; R. O. Porter, Logan.

Building Committee: Homer E. Smith, Chairman, Salt Lake City; Charles Ruggeri, Jr., Salt Lake City; Frank K. Bartlett, Ogden.

Meat...

and Its Contribution to Fat Needs

Fat, the most concentrated source of nutrient energy, constitutes a dietary essential in human nutrition.[1] It is needed in growth and replacement of tissues, for specific lipid secretions, and for providing physiologic energy.[1,2] Absorbed fatty acids may be incorporated into more complex lipids, deposited in adipose tissue, converted into other fatty acids, used in production of milk fat, transformed into glucose or glycogen, or oxidized to carbon dioxide and water with liberation of energy.[3]

Evidence indicates that long continued extremely low fat intake in adults is incompatible with good health.[4,a] In addition to protecting tissue protein against catabolism for energy needs (the protein-sparing action of fat), sufficient amounts of fat in the dietary promote storage of protein.[4,b] In a normal mixed diet, fat is about 95 per cent as efficient as carbohydrate for production of muscular work.[4,c]

Neither the optimal level of fat in the diet nor the optimal range for apportionment of fat and carbohydrate to meet calorie allowances is known.[1,2]

Contrary to general impressions, fat in the mixed diet is effectively digested.[4,d] In moderate amounts it does not appreciably influence the digestibility of other foods.[5] Fat enhances the satiety value of meals, and foods naturally containing fat and those prepared with fat add much to the flavor value of meals. High fat diets sometimes are useful in alleviating constipation.[6]

Meat, according to its kind and cut, provides variable amounts of fat which contribute importantly to the body's need for fat. The fat of meat is almost completely digested. Meat also supplies valuable amounts of high biologic quality protein, B vitamins, and essential minerals. Skeletal muscle meat contains less than 0.1 per cent of cholesterol.[7]

1. Goldsmith, G. A.: Application to Human Nutrition, in Bourne, G. H., and Kidder, G. W.: Biochemistry and Physiology of Nutrition, New York, Academic Press Inc., 1953, chap. 23, p. 505.
2. Recommended Dietary Allowances, Washington, D. C., National Academy of Sciences—National Research Council, Publication 302, 1953, p. 23.
3. Ekstein, H. C.: Fat in Nutrition, in Handbook of Nutrition, A Symposium, ed. 2, Philadelphia, The Blakiston Company, 1951, p. 23.
4. Sherman, H. C.: Chemistry of Food and Nutrition, ed. 8, New York, The Macmillan Company, 1952, (a) p. 30; (b) p. 198; (c) p. 115; (d) p. 103.
5. McLester, J. S., and Darby, W. J.: Nutrition and Diet in Health and Disease, ed. 6, Philadelphia, W. B. Saunders Company, 1952, pp. 130-135.
6. Smith, F. H.: The Use of High Fat Diets for Constipation, J.A.M.A. *88*:628 (Feb. 26) 1927.
7. Okey, R.: Cholesterol Content of Foods, J. Am. Dietet. A. *21*:341 (June) 1945.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

THE WYOMING STATE MEDICAL SOCIETY

NEXT ANNUAL SESSION: LARAMIE, JUNE 5, 6, 7, AND 8, 1955

OFFICERS

President: Bernard J. Sullivan, Laramie.

President-Elect: R. I. Williams, Cheyenne.

Vice President: Joseph Hellewell, Evanston.

Secretary: Harlan B. Anderson, Casper.

Treasurer: C. D. Anton, Sheridan.

Delegate to A.M.A.: W. Andrew Bunten, Cheyenne.

Alternate Delegate to A.M.A.: Albert T. Sudman, Green River.

Executive Secretary: Arthur R. Abbey, Cheyenne.

Councillors: Paul R. Holtz, 1955, Lander; Karl Whedon, 1955, Sheridan; Joseph E. Hoadley, 1957, Gillette; Francis A. Barrett, 1957, Cheyenne; Joseph Whalen, 1956, Evanston; J. Cedric Jones, 1956, Cody; Glen O. Beach, 1956, Casper; Ex-Officio: B. J. Sullivan, President-Chairman, Laramie; H. B. Anderson, Secretary, Casper.

COMMITTEES

Public Relations Committee: Joseph Hellewell, Chairman, Evanston; Members: All County Medical Society Presidents.

Committee for Professional Review: J. Cedric Jones, Chairman, 1955, Cody; Roscoe H. Reeve, 1955, Casper; George Phelps, 1957, Cheyenne; Albert Sudman, 1956, Green River.

Elected Medical Defense Committee: James W. Sampson, Chairman, 1957, Sheridan; Paul R. Holtz, 1955, Lander; Ed Guilfoyle, 1956, Newcastle.

Public Health-Liaison Committee: Albert T. Sudman, Green River; H. B. Rae, Torrington; Dale Ashbaugh, Riverton; Guy M. Halsey, Rawlins.

Maternal Welfare: O. J. Rojo, Chairman, Sheridan; L. D. Kattenhorn, Powell; L. H. Wilmoth, Lander; Clark Young, Casper; G. W. Koford, Cheyenne; W. M. Frans, Newcastle.

Child Health Committee: Lawrence J. Cohen, Chairman, Cheyenne; Lucile B. Kirtland, Gillette; O. K. Scott, Casper; L. F. Allison, Powell.

Cancer Committee: Joseph A. Gautsch, Chairman, 1956, Cody; Karl Krueger, 1957, Rock Springs; John Gramlich, 1955, Cheyenne; Dan B. Greer, 1957, Cheyenne; Franklin D. Yoder, 1957, Cheyenne; Charles R. Lowe, 1956, Casper.

Mental Health Committee: Don W. Herrold, Chairman, Cheyenne; Joseph Whalen, Evanston; Benjamin Gitlitz, Thermopolis; William E. Rosene, Wheatland.

Fracture and Industrial Health: Paul J. Preston, Chairman, Cheyenne; H. B. Anderson, Casper; Richard C. Stratton, Green River.

Advisory Committee to Selective Service on Procurement and Assignment of Physicians: Sam Zuckerman, Chairman, 1955, Cheyenne; James W. Sampson, 1957, Sheridan; Joseph A. Gautsch, 1956, Cody.

Veterans' Affairs and Military Service Committee: Myron Harrison, Chairman, Rock Springs; Nels Vicklund, Thermopolis; Richard Fitzgerald, Casper; Glenn W. Koford, Cheyenne; Guy M. Halsey, Rawlins.

Blue Cross Hospital Committee: Russell I. Williams, Chairman, 1958, Cheyenne; Roscoe H. Reeve, 1955, Casper; DeWitt Dominick, 1956, Cody; L. H. Wilmoth, 1957, Lander.

Blue Shield Committee: G. W. Koford, Chairman, 1958, Cheyenne; William Thaler, 1956, Casper; K. L. McShane, 1955, Cheyenne; J. Cedric Jones, 1957, Cody.

Medical Economics Committee: E. C. Pelton, Chairman, Laramie; Nels Vicklund, Thermopolis; A. J. Allegretti, Cheyenne; Bernard D. Stack, Riverton.

Rocky Mountain Medical Conference: H. L. Harvey, Chairman, 1957, Casper; Earl Whedon, 1955, Sheridan; George H. Phelps, 1955, Cheyenne; Don MacLeod, 1956, Jackson.

Advisory Committee to Woman's Auxiliary: Wilber Hart, Chairman, Casper; Edward Guilfoyle, Newcastle; W. H. Pennoyer, Cheyenne.

Public Policy and Legislation: DeWitt Dominick, Chairman, 1956, Cody; G. W. Koford, 1955, Cheyenne; Norman R. Black, 1957, Cheyenne; E. Pelton, 1957, Laramie; Joseph Whalen, 1955, Evanston; L. H. Wilmoth, 1957, Lander; C. D. Anton, 1956, Sheridan; E. W. Gardner, 1956, Douglas.

State Institutions Advisory Committee: Joseph F. Whalen, Chairman, Evanston; Franklin D. Yoder, Cheyenne; B. H. Kanable, Basin; C. W. Jeffery, Rawlins; L. H. Wilmoth, Lander.

Council on National Emergency Medical Service Civil Defense: George H. Phelps, Chairman, 1955, Cheyenne; Roscoe H. Reeve, 1955, Casper; E. W. DeKay, 1957, Laramie; John J. Wild, 1957, Sheridan; Bernard Stack, 1956, Riverton; Richard Stratton, 1956, Green River; Benjamin Gitlitz, 1956, Thermopolis.

Judicial and Advisory Committee (Workmen's Compensation): District No. 1, George H. Phelps, 1955, Cheyenne; Paul J. Preston, 1956, Cheyenne; K. N. Petri, 1956, Laramie; District No. 2, Jay G. Wanner, 1957, Rock Springs; District No. 3, John H. Waters, 1957, Evanston; District No. 4, Curtis L. Rogers, 1955, Sheridan; District No. 5, G. M. Groshart, 1957, Worland; District No. 6, O. E. Torkelson, 1956, Lusk; District No. 7, F. H. Haigler, Chairman, 1955, Casper.

American Medical Education Foundation: J. Cedric Jones, Chairman, 1955, Cody; P. M. Schunk, 1957, Sheridan; Glen O. Beach, 1956, Casper.

Necrology Committee: Earl Whedon, Chairman, Sheridan; Franklin D. Yoder, Cheyenne.

Rural Health Committee: J. E. Hoadley, Chairman, Gillette; William A. Hinrichs, Douglas; O. L. Treloar, Afton; John B. Krahl, Torrington.

Gottsche Estate: Franklin D. Yoder, Chairman, Cheyenne; E. W. Gardner, Douglas; O. K. Scott, Casper; Nels Vicklund, Thermopolis; L. H. Wilmoth, Lander; Karl Krueger, Rock Springs.

Advisory to the Easter Seals Committee: Albert R. Taylor, Chairman, Cheyenne; Paul Preston, Cheyenne; O. K. Scott, Casper; S. S. Zuckerman, Cheyenne; J. A. Gautsch, Cody; Everett W. Gardner, Cheyenne.

Credentials Committee: Harlan B. Anderson, Chairman, Casper; Carleton D. Anton, Sheridan; Joseph S. Hellewell, Evanston.

Poliomyelitis Committee: L. J. Cohen, Chairman, Cheyenne; O. K. Scott, Casper; Franklin D. Yoder, Cheyenne; Harlan B. Anderson, Casper.

Time and Place Committee: Russell I. Williams, Cheyenne; Chairman of Delegation from Northwestern Society; Chairman of Delegation from Natrona County; Chairman of Delegation from Sweetwater County; Chairman of Delegation from Goshen County.

Resolutions Committee: Chairman of the Council, Chairman; Chairman of the Delegation from Laramie County; Chairman of the Delegation from Uinta County; Chairman of the Delegation from Northeastern Society; Chairman of the Delegation from Sheridan County.

Nominating Committee: President, Chairman; Past Presidents; Chairman of the Delegation from Albany County; Chairman of the Delegation from Carbon County; Chairman of the Delegation from Converse County.

Parliamentarian: Roscoe Reeve, Casper.

Laboratory and Blood Bank Committee: Frank Ellis, Cheyenne; John Callaghan, Cheyenne; Donald Becker, Casper.

COLORADO HOSPITAL ASSOCIATION

OFFICERS

President: Mr. Elton A. Reese, Alamosa Community Hospital, Alamosa.

President-Elect: To be appointed.

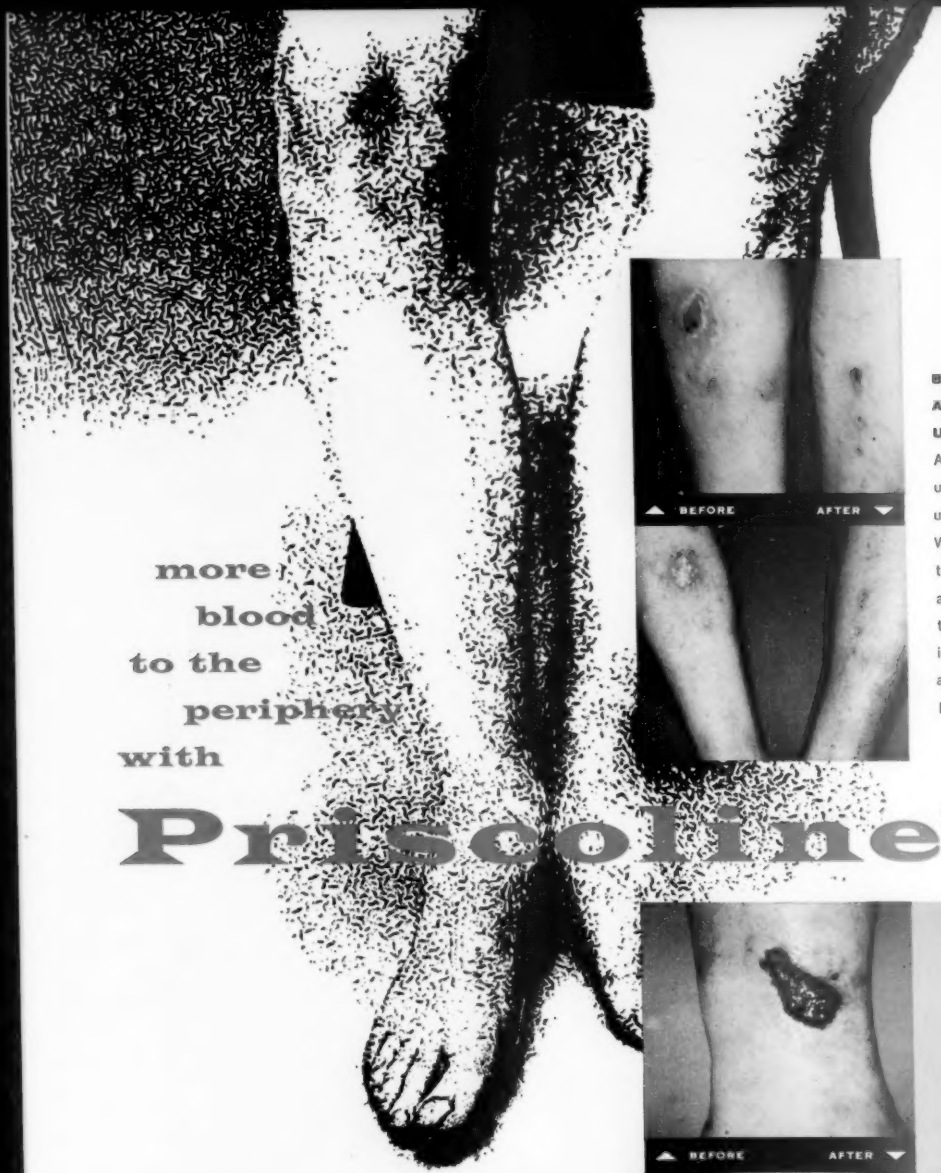
Vice President: Mr. Charles K. LeVine, Beth Israel Hospital, Denver.

Treasurer: M. A. Moritz, Denver General Hospital, Denver.

Executive Secretary: Mr. C. Franklin Fielden, P. O. Box 1216, Colorado Springs.

Trustees: DeMoss Taliaferro, Children's Hospital, Denver (1954); C. Franklin Fielden, Jr., Memorial Hospital, Colorado Springs (1954); to be appointed (1954); Henry H. Hill, Weld County Hospital, Greeley (1955); John Peterson, Larimer County Hospital, Ft. Collins (1955); Hubert Hughes, General Rose Memorial Hospital, Denver (1955); R. A. Pontow, University of Colorado Medical Center, Denver (1956); Roy Prangley, St. Luke's Hospital, Denver (1956); Msgr. John R. Mulroy, Catholic Charities, 1665 Grant, Denver (1956).

For 1955 List of Officers and Committees See Following Issue.



more blood to the periphery with

Priscoline®

BILATERAL ARTERIOSCLEROTIC ULCERATION in patient age 65. At start of Priscoline therapy; ulcer, right leg, 1¾" x 1¼"; ulcer, left leg, ½" x ½". With oral Priscoline, 25 mg. four times daily for one week and 25 mg. every three hours thereafter, there was marked improvement in 2 weeks and healing within 6 weeks. No other medication given.

HYPERTENSIVE ISCHEMIC ULCER of right leg in patient age 65. Ulceration refractory to treatment for 9 months, with patient complaining of severe pain. Treated with oral Priscoline, 50 mg. four times daily for four days and 50 mg. every four hours thereafter. Healing began with onset of Priscoline therapy and was complete in 10 weeks.

Increases blood flow to the extremities through a direct vasodilating effect on vessel wall, a sympathetic blocking effect, and an adrenolytic effect—

A valuable aid in the treatment of peripheral ischemia and its sequelae—pain, loss of function, ulceration, gangrene, and other trophic manifestations—

Priscoline hydrochloride available as 25-mg. tablets (scored), bottles of 100 and 1000; elixir, 25 mg. per 4 ml., in pints; 10-ml. multiple-dose vials, 25 mg. per ml.

Priscoline® hydrochloride (tolazoline hydrochloride CIBA)

PHOTOGRAPHS AND CLINICAL DATA BY COURTESY OF R. I. LOWENBERG, M.D., CONSULTANT IN VASCULAR SURGERY, CONNECTICUT STATE HOSPITAL, MIDDLETOWN, CONNECTICUT.

CIBA

3/7471

for the 3 patients in 4

with seborrheic dermatitis of the scalp

Have you prescribed SELSUN *for them yet?* Here are the results you can expect: complete control in 81 to 87 per cent of all seborrheic dermatitis cases, and in 92 to 95 per cent of common dandruff cases. SELSUN keeps the scalp scale-free for *one to four weeks*—relieves itching and burning after only two or three applications.

SELSUN is applied and rinsed out while washing the hair. It takes little time, no complicated procedures or messy ointments. Ethically advertised and dispensed only on your prescription. In 4-fluidounce bottles.

Abbott

prescribe...

SELSUN®

SULFIDE *Suspension*

(Selenium Sulfide, Abbott)

405065

The Combining Potential of

VERILOID®

in the treatment of hypertension

The effectiveness and notable safety of Veriloid (the original alkavervir fraction of Veratrum viride) make it particularly well suited for combination therapy in moderate to severe essential hypertension. The antihypertensive action of Veriloid is potentiated when the drug is used with other agents;[1,2,3,4] hence smaller dosage of each, Veriloid and the comedication, yields a combined effect more potent than either drug alone when used in full dosage.[1,2,4]

Veriloid may be combined with sedative agents, with hydralazine, or with hexamethonium, resulting in lower dosages required for each.

Says a recent report[4] regarding the concomitant use of Veriloid with hydralazine: "In a few cases the addition of Veriloid permitted the use of a smaller dose of Apresoline. In other cases, after the addition of Veriloid, more hydralazine could be used with a resultant improvement in blood pressure response. There were [5] instances where...the blood pressure was lowered beyond that obtained with the latter drug alone."

Veriloid is supplied in 2 mg. and 3 mg. slow-dissolving scored tablets. When used as sole medication, initial daily dosage is 8 or 9 mg. in divided doses, not less than 4 hours apart, preferably after meals.

When used in combination with other antihypertensive drugs, the dosage of Veriloid may be reduced by as much as 50%.[1]

1. Allen, E.V.; Barker, N.W.; Hines, E.A., Jr.; Kvale, W.F.; Shick, R.M.; Gifford, R.W., Jr., and Estes, J.E., Jr.; Proc., Staff Meet. Mayo Clin. 29:459 (Aug. 25) 1954.
2. Livesay, W.R.; Moyer, J.H., and Miller, S.I.: J.A.M.A. *155*:1027 (July 17) 1954.
3. Wilkins, R.W.: Mississippi Doctor *30*:359 (Apr.) 1953.
4. Kert, M.J.; Rosenfeld, S.; Mailman, R.H.; Westergart, J.P.; Carleton, H.G., and Hiscock, E.: Angiology *5*:318 (Aug.) 1954.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Riker LABORATORIES, INC., LOS ANGELES 48, CALIF.

Rocky Mountain Medical Journal

NOVEMBER, 1954

Colorado - Montana - New Mexico
Utah - Wyoming

Accident Prevention

MANY agencies are engaged in some activity related to prevention of accidents, but inspection of this vast problem on the national level indicates that our profession does not occupy its proper place in the picture. Entrance of individuals and groups from our profession is desirable, if not necessary. For example, the American Association of Plastic Surgeons at its annual meeting last spring appointed a committee to study participation of their organization in "The Prevention of Accidents in Children." Their specialty imparts to them an intimate relationship to problems of physical reconstruction, repair and rehabilitation. They will add their experience with injury and residual scars of body and mind to the work of the National Safety Council, U. S. Department of Public Health, American Medical Association, Academy of Pediatrics and others. A great teaching campaign should include parent-teacher associations, nurses, service clubs, hospital staffs, women's auxiliaries, ethical newspapers and magazines.

Few people realize that accidents constitute the leading cause of death between the ages of 1 and 25; incidence of accidental death is highest between 1 and 4, though there are 14,000 annually between 1 and 14. In order of importance, the causes of accidental death in children are as follows: motor vehicles, drowning, suffocation, firearms, poison, burns, falls and machinery. During 1952 there were 9,700,000 important casualties in the United States with 96,000 deaths. There are probably 50,000 children permanently injured annually in this country. In adults, only cardiovascular disease and cancer deaths exceed those due to injury. Thus, fatal accidents cut off more years from the working lives of American people than any other single cause of death. Contrary to popular belief, the home is nearly as dangerous as the highway. Mechanized as it is, nearly 30,000 persons per year die from home accidents; nearly 40,000 are fatally injured upon the highway.

There are many people of all ages who seem to be prone to accidents. They are often the erratic and impulsive people. Notably those who are "taken in" by immediate satisfactions and pleasures, who resent persons in authority. Someone has said that most of the men who are frequently hurt are men of action (at times misdirected), but not of planning. Statistics prove that a small per cent of employees have a high per cent of the accidents in any organization. Also, these same people still have the most accidents regardless of changes made in jobs.

Accident-prone people can often be identified in childhood and should be guided away from places or occupations where there is more than usual danger. Who can identify these people sooner and more ac-

curately than parents and family doctors? How often it is the same one of several children in a family who is most frequently hurt! Let us discuss this observation with parents and later on with employers, thereby avoiding, rather than repairing and regretting, the ravages of accidents.

Parents, and to some extent physicians, are unknowingly third parties to the appalling incidence of accidents and disfigurements and disabilities which follow. No endowed foundation or research workers will ever immunize human beings against accidental disability and death. Yet there is much talk, worry, and money spent—some of it more or less fruitlessly—upon the spectre of polio, child psychology, ounces and inches, pimples, vitamins and hormones. Without depreciating these efforts why should we not concentrate, while we are at it, upon a relatively untouched field where an educational campaign will be tangibly rewarded at once?

From the age of 1 until 5 the child is given total protection in his home by parents or guardian, or at pre-school. However, when he goes into the world, protection remains at home but education will follow him. The pattern for safe conduct is thus cast during those first five years. Again, who is better equipped to set this pattern than the family doctor—along with other measures to preserve his patients' health and protect their lives? Education requires frequent reminders and tactful repetition. Water in small quantities is benign, in large quantities dangerous; hot things burn, and burns can cause disability and death; wounds cause scars; animals bite instinctively when abused; electricity can maim and kill; machinery can destroy; poisons cause illness or death. To say nothing of the highway! Sounds a bit elementary to us, but it will save lives.

Let us teach parents to discipline themselves and educate their children. When the children are very young, parents should hide the matches, put bottles out of reach, lock the cabinets and unused chests, supervise play with the dog, unplug the power tools, unload the gun, watch the hot water in the tub and the cold water in the ditch, take keys out of the car, close the gate and keep the youngsters out of the street. By school age, children should have profound respect for all dangers which beset them. From then on, further education can be carried on by teachers, service clubs, Sunday schools, children's groups, newspapers and magazines. We can remind our patients of hazards during certain months or years of age; analyze physical, emotional, and intellectual capacities and tendencies; not faulty coordination, clumsiness, and defective sight or hearing; urge parents and children to avoid fatigue, activity when ill or during medication. By all means, let us set a good example ourselves of safety precautions and enforcement of safety laws. And finally, as physicians, let us identify accident-prone individuals early in life and warn those who will start them on life's path. The paths will then be longer, disability and disfigurement minimized, and useful lives preserved.

Seeds of Sorrow

REFERRING to the unprecedented number of attacks upon physicians for alleged malpractice, we have been warned to guard our tongues since many lawsuits apparently have been instigated by thoughtless and unfounded comments about colleagues or institutions. Dr. Solomon Krell, chairman, Board of Censors, Bronx County (New York) Medical Society, has made an appropriate statement:

"It is the opinion of your chairman that a large percentage of the complaints made against physicians could be eliminated if the doctor would say less to the patient about fellow physicians and more to the patient about the condition for which he is being treated."

There had been twenty-three complaints against members preceding his 1953-1954 report.

We agree that the patient often deserves more explanation about his condition and its treatment than he receives. Let us explain more in terms he can understand. Many seeds of disappointment and dissatisfaction will thereby never be planted.

Presidential Address*

SAMUEL P. NEWMAN, M.D.,
Denver

TO BE your President is an honor for which I thank you. In return for this honor, I pledge to you my best effort to maintain and carry forward the high position and time-honored traditions of our great profession.

On your behalf I would like to look back over the past year and thank the retiring President, the other officers, committeemen and other members for their contributions in the advancement of this organization. For you, I would like to thank the people in our allied professions for their contributions in the promotion of our ideals. Further, I would like to thank, for you, the men of the news world in helping us tell our story to every corner of our state.

Impetus already has been given toward continuing forward the movement of this great organization by selecting many of the appointees of the committees throughout the Society for the approval by your Board of Trustees. The effectiveness of this organization is reflected in part by the vigorous activity, the considered judgment, and the constancy of effort of its committees. The effectiveness of this organization in greatest measure, however, rests in the individual member, a matter to which I shall return in a few moments.

I recognize the insidious, devouring forces which beset medicine from all sides. There is an effort to encroach upon and engulf the medical profession by all sorts of agencies, both governmental and private. The Veterans Administration and certain portions of the Department of Health Education and Welfare are examples. Philanthropic groups in many instances would wrap their tender loving arms about us. There are some insurors in the medical and hospital care field who would entwine our good repute with deceptive salesmanship for economic gain. There are some labor groups publicly avowed to dominate the distribution of our services.

I recognize the coming problems surrounding our present Medical Practice Act. The present administration in Washington insists it will continue to drive for its reinsurance program. Our relationship with companies handling malpractice insurance is clouded and strained nation-wide. There are the daily routines in the functioning of our organization to be dealt with in the executive office—all of these and a number of other problems are continuing situations which shall be dealt with energetically in the coming year. There are two subjects in particular, however, I wish to discuss with you today, namely, medical politics and public relations.

What and who is a medical politician? When I use the term "medical politician" I have in mind its synonym with all of its connotations, "medical statesman." The term "medical politician" is used purely for emphasis. May I ask you, who is a politician in the ordinary sense? He is the man elected to be president, to be governor, to be congressman; he is the man, by your collective desires, chosen to manage your governmental affairs. By the same token, a medical politician is anyone—your president, your delegate, your committeeman, in whom you have placed the trust and confidence in carrying out your desires for this Society. Then, I must say to you, be proud when you are designated as a medical politician, that is, a medical statesman, because, you are then recognized as a member of your profession who is willing to go forth and preach and nurture the doctrine of Hippocrates to which you have all subscribed. One is known and remembered

*Delivered September 24, 1954, before the 84th Annual Session of the Colorado State Medical Society, Broadmoor Hotel, Colorado Springs.

for his deeds and not by the epithets of the howling jackals.

Medical politics, again call it what you may, is the same throughout all society. Organizational development joins efforts to prevent chaos. The course of an organization must be planned and guided; hence, the need for your officers and committee members. In medicine there must be organization and guidance for a number of reasons. One, through joint effort, scientific assemblies may be held and knowledge disseminated among the doctors. Two, through joint effort, ethics of conduct may be approved and enforced for the benefit of the membership of the profession collectively and the population at large. Third, through joint effort, there is strength to promote laws for public health benefits for all. Fourth, through joint effort of organization, there is strength to defend the rights of physicians as was exhibited this year in deletion from the social security section of the new tax law an imposed involuntary welfare tax on doctors. Upon the request of many doctors over the land, a congressional committee reconsidered and reversed its action in this matter.

Joint effort of organized doctors has improved the standards and care of patients in our hospitals. The quality of medicine in the office and in the home has progressively improved through the years because our Society has encouraged its membership to attend its scientific conclaves where one is kept abreast of new developments, and is again and again refreshed in the long-accepted fundamentals of our art. Through organization, we are given a means, and our courage is strengthened, to protect an unknowing public in great measure from irregularities in our ranks. (And, in passing, may I interject my happy conviction that this number of whom we are ashamed is small).

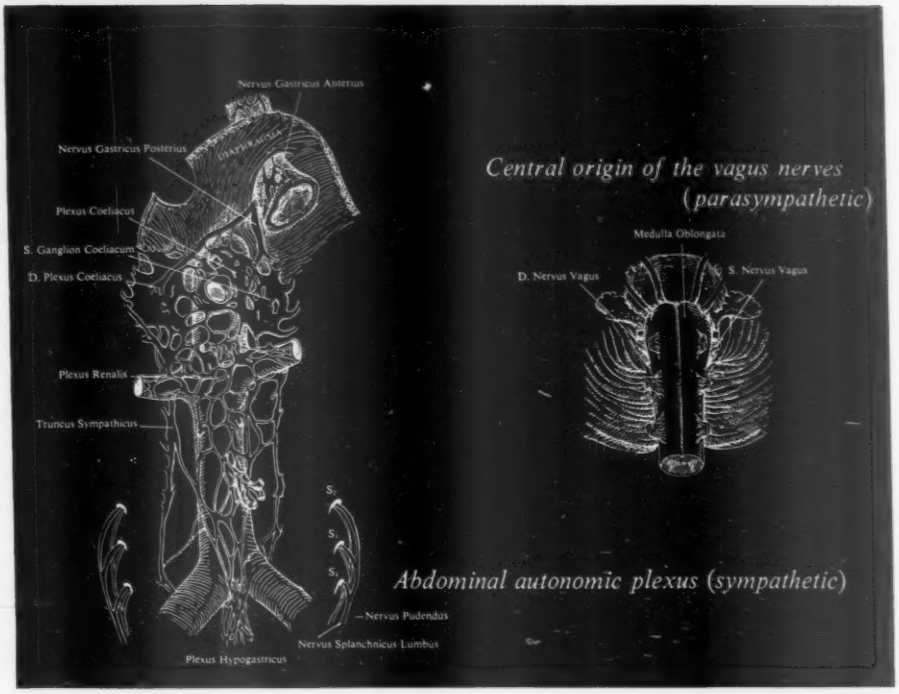
Through our organization we have strength to expose fakers, charlatans, and quacks who invade our province for economic gain. Through our organization protection from unjust attack upon one of our members is strengthened and proffered to the fullest. Through organized effort the general public has been taught and encouraged to seek medical care in the early stage of disease. The increased longevity of the life span testifies irrefutably to our success in our various programs of health matters. These things haven't come about by happenstance. They have materialized as the result of long hours of hard work by organized, conscientious committees, elected officers and staff employees, who constitute the moving mechanisms in our Medical Society. Yes, it is your medical politician, your medical statesman, again.

In his last monthly message on the President's Page in the Journal of the American Medical Association, Dr. Edward McCormick quoted a President of the United States as follows:

"Every man owes something to the profession to which he belongs." Upon this premise, I shall recommend to the Board of Trustees the appointment of men in this organization to the various committees in the anticipation and expectation each will accept his responsibilities and perform his duties to the fullest demanded by his new position.

When you elected me to your highest position of honor you also implied I should work long hours for you and, in your behalf, exhibit to the public, in a dignified manner, your sincerest aims to give good medical service to one and all of our state. I now ask no less of each of you, because the dreams born in this Society will not reach fruition without individual and joint effort given unselfishly to the fullest.

I shall not outline any specific duties here other than to say the appointed doctor will be obliged to attend the committee meetings, express freely his considered thoughts, take part in the action of the committees, either with the majority or the minority section, and in conclusion of the committee's work, personally assist in the preparation of its written reports. Any contribution of the staff toward preparation of these committee reports should be confined purely to technical and stenographic duties. A policy opinion should never be invited from the staff and, should such arise, the staff employee should tactfully refuse a reply. It is your duty to pronounce policy and your obligation to assume the re-



Control of Gastric Motility and Spasticity in Peptic Ulcer with Banthine®

"The need[1] for suppressing gastric motility and spastic states is . . . fundamental in peptic ulcer therapy. Since the cholinergic nerves are motor and secretory to the stomach and motor to the intestines, agents capable of blocking cholinergic nerve stimulation are frequently used to lessen motor activity and hypermotility."

Banthine[2] "has dual effectiveness; it inhibits acetylcholine liberated at the postganglionic parasympathetic nerve endings and it blocks acetylcholine transmission through autonomic ganglia."

It has been shown[1] to diminish gastric motility and secretion significantly as well as intestinal and colonic motility.

The usual schedule of administration in peptic ulcer is 50 to 100 mg. every six hours, day and night, with subsequent adjustment to the patient's needs and tolerance. After the ulcer is healed, maintenance therapy, approximately half of the therapeutic dosage, should be continued for reasonable assurance of nonrecurrence.

Banthine® (brand of methantheline bromide) is supplied in: Banthine ampuls, 50 mg.—Banthine tablets, 50 mg.

It is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. Searle Research in the Service of Medicine.

---

1. Zupko, A. G.: Pharmacology and the General Practitioner, GP 7:55 (March) 1953.

2. McHardy, G. G., and Others: Clinical Evaluation of Methantheline (Banthine) Bromide in Gastroenterology, J.A.M.A. *147*:1620 (Dec. 22) 1951.

sponsibility of your acts in those decisions. By precedence, for a number of years various officers have visited the component societies in an effort to keep the membership well informed of their Society activities. The mantle of responsibility of your officers is thus worn and not assigned to a lay employee. For a long time it has been my conviction that doctors familiar with the Journal activities should represent us to our colleagues in our sister states of the Journal, not a lay employee. I shall continue to work for the principle that doctors should work for and represent doctors in matters medical. The vitality of this Society rests in the effort of the individual members and particularly in the full assumption of the duties and obligations of its elected officers. The duties and activities of your officers and a number of the committees have been prescribed in the Constitution and By-Laws of this Society. You will learn your duties and obligations rapidly by attending the meetings regularly of the committee to which you are appointed.

May I digress for a moment to mention one particular committee—the Legislative Committee? This year I hope it will be acceptable to have a central committee in Denver to lay the groundwork with the Public Policy Committee for any necessary action. In association with this committee I hope a large number of men, widely distributed over the state, may be appointed in order to be able to carry out quickly and locally actions necessary in emergencies. In this manner, long trips and time spent away from busy practices attending committee meetings may be avoided.

The remarks I have just concluded concern the heart and core of the inner mechanisms of our organization. The next comments on public relations deal with the manifestation to the public of a clean and healthy heart and core. I shall now return to the matter of effectiveness of the individual member and one phase of public relations, the relationship between a doctor and his patient. Incidentally, this relationship is considered sufficiently sacred that even by legislative act in many of the states of the union, the secrecy of communications between the two cannot be violated except by privilege of the patient. When we begin to seep out to the very roots of our Society, that is to the individual doctor, we must pass through the larger roots, our County Societies, as we leave the parent trunk. In reference to the County Society, I would like to quote from the Presidential Address of May 4, 1954, by Dr. F. J. L. Blasingame, before the Texas Medical Association, "The essential feature which makes the County Medical Society important is the fact that it is the organization which is depended upon to estimate the day-by-day worth of a physician, who, like all men, is best known by his immediate colleagues who can evaluate character and professional skill." It is the duty of your County Society to knit together firmly a strong organization, to encourage the individual member to exhibit his best side to his patients and community. It is between the doctor and his patient in the private confines of the examining room, the office, the home, or the hospital that public relations are seeded and first nurtured. So you are the individual public relations man for the medical profession in your community. The qualities of courtesy, kindness, personal interest, honesty and professional c o m p e t e n c e quantitatively stimulate the growth of these good relations with patients. Remember the thought-provoking motto of the Kings County Medical Society, Seattle: "Patients Are People."

The trails of good doctor-patient relations are many and endless, but preoccupation, absent-mindedness and thoughtlessness lead into blind alleys. Honesty in it fullest depth should encompass an unstinted skill, a complete simple story to the patient of the nature of his ills, a proper explanation of the import of his ills, the simplest and most certain prescripton for his relief, and, lastly, a financial arrangement with the patient which could be bared to the public without embarrassment. A well-informed patient may be unhappy, but he is seldom dissatisfied. Competence in your scientific skill is not only a mandate in your professional pride, but is a legal requirement in your license as a Doctor of Medicine.

Various means of informing patients in their relationship to physicians have been developed. "You Are About To Have An Operation" published by our own Cal Fisher is one of the best in pamphlet form. Dr. W. L. Proteus of Indiana prepared one entitled "To All My Patients." The Arizona Medical Association, Inc., printed one also by the same title for the use of their doctors. I can recommend all.

I would say to you in closing that, even though our problems in medicine are many in general, their best solution lies in joint effort through strong organization. Secondly, our relationship to our patients is so simple and such that at the end of each day we should be thankful to our God for the priceless gifts He has bestowed upon us as doctors and, in return, plead for His guidance of us to do unto our patient as we would have Him do unto us.

Disadvantages of Ureterosigmoidostomy *

C. D. Creevy, M.D.,
Minneapolis, Minnesota

WHILE a lot has been written about diversion of urine into the bowel for a variety of disorders of the bladder, little has been said about late complications and end results of this procedure, and its effect upon longevity. Most papers have dealt with technic; the monumental review of Hinman and Weyrauch in 1937 shows that innumerable variations have been advocated; many more have been reported since then.

There is no doubt that ureterosigmoidostomy can yield long survivals. Stevenson discovered a patient living 43 years after ureteral transplantation for exstrophy, and collected reports of 11 others surviving 20 to 30 years. Lower found that six of his patients had lived 20 years or more, and Jacobs, discussing 138 ureterosigmoidostomies, mentions six who lived 10 or more years. Hinman, Jr., knows of the birth of 35 babies to 28 women with ureterosigmoidostomy. Furthermore, widespread use of transfusions and antibiotics has reduced surgical mortality. However, G. G. Smith is right when he says "until the late results of ureteroenterostomy show a much lower incidence of renal failure, one hesitates to employ the method for a condition which is not in itself dangerous to life." Hinman remarked that it was only an occasional brilliant result that encouraged him to continue using the operation.

The reasons for these views are evident. The principle of the operation (the connection of the normally sterile upper urinary tract to the normally infected colon) is unphysiologic, and will remain so until someone discovers a universal, nontoxic antibiotic to which bacterial resistance never develops. The problem is not one of infection alone, since several other factors initiate and aggravate its effects. First, the ureters must be mobilized for some distance to permit their anastomosis to the bowel, thus damaging their extrinsic blood supply. While intrinsic vessels ordinarily prevent necrosis, the impaired vascularity may cause temporary edema and initiate dilatation of the upper tract. The same process may reduce the ureter's resistance to infection, and result in late stricture at its cut end. This danger is lessened but not entirely eliminated by slitting one side of the end of the ureter and anastomosing it directly to the bowel (Nesbit) so that there is no free, partly devascularized end protruding into the colon.

A second danger inherent in all methods, except Nesbit's and possibly Cordonnier's, is that of compression of the ureter by the wall of the colon, at first by inflammatory edema and later by scarring. This hazard

*Presented at the Ogden Surgical Society, May 27, 1954. From the Urological Division of the Department of Surgery of the Medical School, University of Minnesota, Minneapolis.

is doubtless reduced by preoperative preparation of the bowel with oral antibiotics, and by their parenteral use during convalescence. Baker has presented some rather tenuous evidence suggesting that postoperative administration of cortisone will minimize fibrosis in the incision in the colon, but this needs both experimental and clinical confirmation.

A third danger is that of reflux of feces into the ureter. This is fostered by the anastomoses of Nesbit and of Cordonnier, since both depend upon ureteral peristalsis to prevent regurgitation. Whisenand and Moore have reported a case in which Nesbit's operation in a patient with bilateral nephrostomies was followed by the escape of gas and feces from the renal catheters until they were removed, after which recovery occurred! Several observers (Parks, Mathis, Turner and Saint) have seen gas in the kidneys and ureters in roentgenograms made after such operations. Woodruff, Cooper and Leadbetter, Riba, and Weyrauch and Young have all shown by animal experiments that the submuscular tunnel of Coffey greatly lessens the danger of reflux. The prevention of regurgitation was Maydl's object in anastomosing the whole vesical trigone to the sigmoid, but Baker and Miller have shown, in the dog at least, that the intracolonic pressue finally overcomes even the normal ureterovesical valve when the defunctionalized colon is anastomosed to the bladder.

Mathisen has recently presented an interesting variant of ureterosigmoidostomy intended to prevent the entrance of feces into the ureters. He wraps the ureter in a quadrangular pedunculated flap of intestinal wall which is made to protrude into the lumen of the sigmoid. The objectives are to support the protruding ureter, and to permit its compression both by colonic peristalsis and by intestinal pressure. He was "unable to demonstrate reflux" in eighteen clinical cases after this operation, but his longest follow-up was one year. Several dogs in which we did this operation developed strictures at the ends of the ureters in a very short time.

The route of infection of the kidneys after ureterosigmoidostomy is obvious. In addition to the lumen of the ureter, organisms can follow the periureteral lymphatics, since Hinman, Sr., found that the dog's kidney became infected when the unopened ureter was buried in a trough in the wall of the colon. Infection is fostered by hydronephrosis.

Statistics show the frequency and seriousness of obstruction and infection after ureterointestinal anastomosis. Harvard and Thompson blamed pyelonephritis for 50 per cent of the surgical and 67.5 per cent of the late deaths in their series of ninety-eight cases followed for five to thirty-five years after ureterosigmoidostomy for exstrophy. Smith investigated fifty-four survivors of ureterosigmoidostomy. Nine died of "renal failure" within two years; four more required cutaneous ureterostomy for infected hydronephrosis, and three others had poor renal function at the time of investigation. Thus sixteen of fifty-four patients (29.6 per cent) had severe renal damage within a few years. Twenty-one of Cordonnier and Lage's fifty-four patients (38.9 per cent) showed evidence of pyelonephritis within thirty months of operation. Lapides had never seen at autopsy a kidney which had been connected to the bowel and remained free of infection either in dog or in man. In 258 patients subjected to urography six months or more after operation (fifty-three from the University Hospital and 205 from the literature) only 31 per cent had normal appearing kidneys. Since most of the urograms were made within a year of operation, the long term outlook is gloomy indeed.

The dangers of hydronephrosis and pyelonephritis after ureterocolic anastomosis are not limited to uremia and sepsis, but involve the complication of hyperchloremic acidosis. While Jewett and later Ferris and Odel have amply demonstrated that this results from absorption of urinary constituents from the colon, Lapides has proved, by ingenious clinical experiments, that renal injury aggravates the condition because it impairs excretion of absorbed chlorides and other acid radicles. This was foreshadowed by Ferris and Odel's observation that unilateral nephrostomy could re-

lieve hyperchloremic acidosis even though the other kidney continued to secrete its urine into the colon. Our own studies have shown that hyperchloremic acidosis occurs three times as often and causes symptoms ten times as frequently when the kidneys are damaged as when they appear normal, and that it cannot be prevented or relieved by shortening the loop of bowel receiving the urine.

All this does not mean that ureterosigmoidostomy should be abandoned, but rather that it should be used only when there is no acceptable alternative, and that efforts to protect the kidneys afterward should be continued. What measures do we have at our disposal now, pending the development of a universal, nontoxic, totipotent, never-failing antibiotic to which bacterial resistance cannot develop?

Possible Solutions to the Problem

If diversion of the urine is required in the presence of bilateral hydronephrosis or of nitrogen retention, cutaneous ureterostomy with all its disadvantages, is preferable to ureterosigmoidostomy because of the danger of hyperchloremic acidosis with the latter. In good risks one may consider Bricker's anastomosis of the ureters to a short, isolated loop of ileum with an external stoma to which a Rutzen or similar bag can be fitted. Gilchrist and Merricks have recently claimed superior results from dividing the hepatic flexure, closing the distal end, swinging the ascending colon to a transverse position, and anastomosing the ureters to it. The ileum is then divided a short distance from the cecum. Its proximal end is united to the transverse colon, and its distal end is brought upon the abdomen as an "artificial urethra." The ileocecal valve is said to prevent leakage, but the patient must catheterize himself. It is hard to believe that self-catheterization will not ultimately lead to renal infection.

When the ureters are to be anastomosed to the colon, the latter should be prepared with care. Initial catharsis is followed by the "preoperative colon diet" of Bargen. Various oral antibiotics have been used to cleanse the bowel. Poth has recently reported sterile fecal cultures four days after a twenty-four-hour regimen consisting of catharsis followed by oral neomycin and sulfathalidine; this sounds like a superior method.

Certainly the anastomosis should be of the terminolateral type favored by Nesbit in order to increase the circumference of the stoma, to leave no bare devascularized ureter protruding into the bowel, and thus to discourage stricture formation. This should be supplemented by the construction of a periureteral tunnel composed of intestinal muscle and mucosa in order to minimize reflux. Leadbetter favors this method.

Healing should be favored by the use of potent antibiotics parenterally during convalescence, and Baker's suggestion that cortisone be used should be investigated more extensively in the dog, although the literature concerning the effect of cortisone upon the healing of wounds casts doubt on the validity of Baker's assumption.

Terminal colostomy with closure of the proximal end of the distal loop should be given a thorough trial because, with modern antibiotics, the colon which receives the urine can certainly be made and kept clean enough to offer considerable protection to the kidneys which need every possible help. While this measure was suggested by Krönig in 1907 and even earlier by Mauclaire, it has never had a fair trial for obvious reasons. Vest has recently reported securing sterile urine from the bowel nine months after a vesicosigmoidostomy of his own devising for exstrophy, a fact which should certainly encourage studies in this direction.

Summary and Conclusions

1. Ureteroenterostomy subjects the kidneys to great risk of serious damage from obstruction (stricture and reflux) and infection (reflux and ascent of periureteral lymphatics).

2. When serious renal damage follows this operation, hyperchloremic acidosis becomes a problem.

3. Cutaneous ureterostomy or Bricker's variant is preferred when renal damage antedates operation.

4. Ureteral anastomosis to the bowel

should be used only when the underlying disorder threatens life or makes it intolerable, and no satisfactory alternative is available.

5. Means at hand to minimize postoperative renal damage, at least theoretically, include: Careful preparation of the bowel; the use of an operation designed to prevent stenosis of the anastomosis as well as reflux; the administration of antibiotics during healing; and the complete diversion of the fecal stream above the anastomosis.

Recognition and Management of Allergic Symptoms in Infants*

NORMAN W. CLEIN, M.D.,
Seattle, Wash.

ALLERGIC diseases have elicited an increasing interest in the past few years. Pediatricians and other physicians are beginning to realize that some of the puzzling problems with infants and children in years gone by can now be solved readily by understanding that infants develop illness from certain foods, inhalants, and contactants, in the same manner that they become sick from germs. There is a difference between allergy and hypersensitivity. Allergy is an abnormal reaction in some part of the body to foods, inhalants, or contacts to which certain individuals are sensitive. Hypersensitivity is the state of cells which make them susceptible to changes induced by an antigen-antibody reaction. Antigens or allergens are various substances which produce symptoms in sensitive or allergic individuals. We may eat, breathe, or have contact with these allergens. The mechanism of allergic diseases depends primarily upon three pathologic factors:

1. Edema of mucous membrane and certain areas of skin.

2. Spasm of smooth muscle such as bronchi or intestines.

3. Excessive mucous secretions in various glands.

One or all of these three factors may affect any tissue or organ of the body. This accounts for the variety of signs and symptoms that may simulate almost any type disease in the body.

The earliest allergic symptoms in infants are manifested within the first few months. Chief symptoms are mainly of three types —rashes, persistent vomiting, and rather severe gastrointestinal distress that is not explained by usual or ordinary factors. Babies who manifest these allergic symptoms are potential patients with major allergy (hay fever and asthma) as they grow older. The allergic state can be diagnosed in the first four months of life in 82 per cent of these infants, and in 90 per cent before they are 1 year of age. In a study of hundreds of allergic infants the first allergic manifestations occurred in this order:

1. Rash (eczema), 53 per cent.

2. Vomiting (pylorospasm), 36 per cent.

3. Gastrointestinal distress, often severe, characterized by more or less persistent colic, gas, diarrhea, or constipation, 23 per cent.

Asthma, seasonal or perennial rhinitis, and hives may also be the first allergic signs rather than eczema or pylorospasm.

There are few children, less than 10 per cent, who develop allergic symptoms after 1 year of age who have not had previous allergic manifestations within the first few months of life. Therefore we have a golden opportunity to diagnose the allergic state in infancy. With this warning, we can institute adequate prophylactic and specific measures to minimize or prevent the inevitable hay fever, asthma and other major allergy as the child grows older.

*Presented before the 19th Annual Midwinter Postgraduate Clinics of the Colorado State Medical Society, February 16-19, 1954, Denver.

In 1911, Dr. Isaac Abt read a paper before the Chicago Pediatric Society in which he discussed "Milk as a Food for Infants." He stated that cow's milk had toxic properties for certain infants who could become ill from this type of feeding. At this same time Finkelstein in Germany had become famous by his research, claiming many severe feeding problems in infants were due to their inability to digest fat in cow's milk. He popularized the famous Eiwiess milk that was supposed to solve many of these feeding problems. Other physicians, including Czerny, suggested that carbohydrates and/or proteins were hard to digest and caused feeding problems. In reviewing the reports of Dr. Abt, Dr. Finkelstein, and Dr. Czerny, one finds that symptoms of many of their cases are probably due to allergy to cow's milk, as we presently understand it. Many babies with similar symptoms can be relieved almost immediately by eliminating cow's milk from the diet and substituting soybean milk (Mullsoy-Borden Co.), a milk-free food.

One of the most interesting subjects in pediatrics is the problem of cow's milk allergy in infants. Although I have been interested in this subject for years, I am still overlooking these cases every day because they are more common than we realize. Babies who have continual pylorospasm or "spitting up all the time," that have a rash, more often on the face, and have more or less continual severe colic that has not been relieved by ordinary practices, are usually allergic. We juggle the formula from fresh, canned, powdered, to special milks and when there is no relief we juggle carbohydrates and everything else in the formula, but the baby still has the same symptoms. In many of these cases, when cow's milk is eliminated from the diet and a soybean milk formula (Mullsoy) is substituted, almost complete relief of symptoms occurs in twenty-four to forty-eight hours. Probably on account of tradition and stubborness, we are often reluctant to change to a milk-free formula as soon as these symptoms are present because cow's milk is supposed to be the universal food. A twenty-four-hour trial feeding of Mullsoy may be the magic formula that solves the riddle. It can do the baby no harm.

Cow's milk allergy may produce a variety of common to bizarre, and mild to severe, syndromes and symptoms in infants. This is subject to the tissue affected and the pathologic process involved and may be multiple. Chart I details the twelve types of syndromes, number of cases, and the relative percentages of children affected. The question is frequently asked, "How do you know that this infant's rash, colic, or vomiting is not due to something else rather than milk allergy?" The babies were examined frequently and had usual treatments and formula changes that will ordinarily correct these symptoms, but without success. When these babies were put on a Mullsoy formula, with all milk eliminated from their diets, the symptoms usually disappeared within twenty-four to forty-eight hours. When milk was returned to the diet, symptoms recurred. There is no better proof than a clinical test of this type! All babies included in this series were only those infants whose symptoms disappeared completely when they were changed from cow's milk to soybean milk. There were other babies with similar signs and symptoms who were changed to soymilk but their symptoms did not disappear. These infants were considered as not being allergic to cow's milk, and a few (6-7 per cent) were probably allergic to soybean milk. They are not included in this analysis.

CHART I

206 Cases—Clinical Syndromes—Cow's Milk Allergy in Infants

	Cases	Per Cent
1. Eczema	91	43
2. Pylorospasm (persistent)	78	38
3. Colic (severe)	65	31
4. Diarrhea (mucus, blood)	47	23
5. "Very unhappy all the time"	40	19
6. "Cough, croupy, choking, gagging, mucus in throat"	36	17
7. "Nose cold all the time"	27	13
8. Constipation (obstinate)	10	6
9. Asthma	15	7
10. "Refuses milk entirely"	7	3
11. Urticaria — angioedema	3	....
12. "Toxemia" (apathetic, cyanosis, collapse)	4	....

Several symptoms may occur in the same patient at the same time. Eczema is the most common symptom, occurring in 43 per cent of the cases. Pylorospasm, constant vomiting and "spitting up" in 38 per cent, and severe colic not relieved by the usual means in 31 per cent. Gastrointestinal symptoms are frequent, often occurring when eczema is also present. Diarrhea, often severe, painful, persistent, and frequently with mucus and blood in the stools, was present in 23 per cent.

A distressing group of infants were those who were "always unhappy." This syndrome is usually associated with other clinical manifestations. Mothers would comment that these babies were "different than their other children," "were never happy," and "always seemed miserable." They would be happy babies in a few hours when they were changed from cow's milk to the soybean milk, and often the other annoying symptoms would also disappear. One of the most frightening groups were the babies who had repeated croup, cough, choking and gagging spells as well as a good deal of mucus in the throat. Several of these had been bronchoscoped, one or more times, and others had been treated for large thymus shadows and a variety of other conditions before it was discovered that milk was the cause of their trouble.

There were 13 per cent who had nose colds, "runny, stuffy nose (perennial allergic rhinitis) most of the time." Several had seasonal pollen grass hay fever. This condition occurs in babies as well as older children and adults but is not recognized as often as it should be. Several infants were troubled by chronic constipation which cleared up immediately upon eliminating cow's milk; fifteen cases (7 per cent) had asthma as their first allergic symptoms as a result of milk sensitivity. Several babies refused milk entirely, "they just didn't like milk," "they couldn't take it," or it was "distasteful to them." These babies took the milk substitutes readily. There were also several cases of urticaria and angioedema in this series, and there were four babies who almost died from milk.

The most conclusive proof of whether or not these babies are allergic to milk is the clinical test! Symptoms disappeared when milk was removed and recurred when milk was added to the diet. What further common-sense proof does one need that milk is the cause of these symptoms? There is no laboratory test that can be so conclusive. I have had doctors say to me "that's an awful lot of milk allergy cases." That is true, but I am sure we are missing many more cases because we are still reluctant to change from cow's milk to soymilk at the onset of these symptoms. The degree to which an individual is clinically allergic to milk (or any other allergen) varies. He may be mildly sensitive or exhibit immediate and severe reactions to milk.

The longer the time that milk (or any other food) is boiled or the higher the temperature it is exposed to, the less allergic it becomes. Heat denaturizes the protein, making many foods less allergic. That is why some babies may be able to tolerate canned, powdered, or special hypoallergic milk with only minor symptoms, whereas fresh milk may aggravate these feeding problems. The mildly sensitive infants struggle along until they "outgrow" their sensitivity. Eighty per cent allergic babies in this series were able to take cow's milk without difficulty after abstaining for four months. After one year only 5 per cent were still allergic to milk. Glaser states that most milk and food allergic infants develop an "immunologic maturity" at about nine months of age.

Eczema, the most common allergic manifestation, occurs in many forms and various parts of the body, especially face, extremities, and flexures. It is often complicated by infection, herpes, fungus, and especially from irritation due to scratching. "Every rash that itches is not eczema."

Asthma occurs frequently and may be confused with other diseases that cause wheezing. Foreign bodies, infection, anomalies, tumors, cystic disease, and any other pathology in the lower respiratory system that may cause wheezing should be ruled out. "Every wheeze is not asthma."

An interesting condition in infants is the "allergic tongue." These bald, flat, pale, irregular-sized patches on the tongue often have raised, reddened borders. This

condition later develops into the so-called "geographic" or "scrotal" tongue. It is always a manifestation of food allergy when present. About 10 per cent of persons allergic to foods have this so-called "geographic" tongue.- It does not cause symptoms.

The diagnosis of allergic diseases is not difficult. Three criteria are important:

1. Family history of allergy.
2. Patient's previous history of allergic symptoms.
3. Present allergy in the patient.

First, and most important, is a careful history of the entire family. In allergic patients it is also important to ask direct questions regarding allergic symptoms. It is not enough to say to the mother "did you or any member of your family ever have hay fever or asthma?" The usual answer is "no." They should be queried about "chronic nose catarrh" or a "post-nasal drip or cough in the morning," or a "chronic cigarette cough" or "sinus trouble." The answer will often be "yes, I have had it for years." These are frequently unrecognized allergic symptoms. There are two cardinal facts that characterize allergic symptoms—their chronicity and periodicity.

Diagnosis will be made many times from the history alone. Symptoms usually represent the history of chronic disease. The patient has had symptoms for a month, or perhaps for years. Periodicity is represented by the fact that symptoms are usually worse at night or in the morning than during the day, worse when school starts, or when they are at grandma's house, when they eat certain foods, around dusty places, or the cat or dog. The patient can usually pinpoint this in relation to food, time, location, weather, or events, guided by patient questioning from the physician.

Second, most patients will have history of having had previous eczema, pylorospasm, or some other early allergic manifestations in the first few months or years of life. Third, the present history of allergic symptoms may relate to almost any system or tissue in the body.

Physical findings may be entirely negative at the time the child is examined or he may have acute or chronic symptoms of eczema, rhinitis (stuffy, runny nose), hay fever, or asthma, depending upon whether he is in the acute or quiescent stage of the disease.

There are not many laboratory tests that are necessary in allergy. One of the most simple and direct tests is the examination of mucous discharges from nose, throat, or stool, for eosinophiles. A slide is prepared and fixed with Wright's or Hansel's stain and examined for eosinophiles. In allergic conditions there will usually be clumps or large numbers of eosinophiles in proportion to other cells. Skin testing is the most important laboratory procedure in allergy and may be necessary in about half of the cases. The other half can be treated successfully by ordinary pediatric medical measures, or by the process of eliminating the most common food or inhalant allergens.

Most patients are multiple sensitive, ninety-eight of 100 are sensitive not only to things they eat but also to things they inhale or come in contact with. A "pilot" group of about thirty of the most common and important foods and inhalants and about twenty of the common pollens that grow in the vicinity in which you practice should be the minimum number that is tested. Most mistakes are made by not being thorough. It is advisable to test with all the *common* foods, inhalants, epidermals, and molds. Scratch tests are only 50 to 60 per cent accurate and intradermals about 75 to 90 per cent. This is the most important and valuable test in an allergic work-up.

Elimination diets are simple and can reveal a good deal of information in a few days. You can learn just as much by eliminating milk, egg, wheat, or any other food for five days and then feeding large quantities, than you can by eliminating it for five weeks or five months. In other words, it is not necessary to keep a child off a food for a month to determine whether or not he is sensitive. If the symptoms are the same when he is off the food as well as when he is eating it, then you can definitely say that this food is not causing any of his symptoms. If he is improved, eliminate the food for at least three months before trying it again.

Treatment

Prophylaxis: The most common food allergens in prophylaxis of allergic disease in infants are usually simple to avoid because we have adequate substitutes. Milk is the most frequent cause of trouble and (Chart I) a twenty-four to forty-eight-hour trial on a soymilk (Mullsoy) formula is a simple and rapid test for this most important food. About half the infants who are sensitive to cow's milk are also sensitive to goat's milk. Therefore, it is wiser to try the baby on a soymilk formula than use milk from other animals. Mullsoy is of high biologic value and provides for normal growth and development aided by vitamin supplements. Nutramigen, an excellent synthetic milk substitute, may be tried if soybean milk disagrees with the infant. Cod liver oil or fish concentrates are often allergic and should be avoided. Synthetic vitamins have been proved adequate. Orange juice is a common allergen and is best avoided for at least the first six months. A recent valuable addition to infant feeding is a specially processed orange juice "BIB." It is hypoallergic due to the removal of the seed protein and peel oil and is usually tolerated by infants allergic to fresh orange juice.

Mixtures of fruits, vegetables, soups, and meats which contain a variety of foods are more apt to sensitize an infant than a fruit, vegetable, or a food that contains only one product. Canned fruits with added juices should be avoided. Pork is more allergic than other meat and it is advisable to omit this food for the first year. In families that have other allergic children or in a baby who manifests any of the first allergic symptoms, it is advisable not to use any of the previously mentioned foods until the child is about 1 year of age. When starting new foods in infants of allergic families give the same food for at least two days in a row before trying another one. You can soon tell in a few days whether the food agrees with him. If it agrees with the infant the chances are that he may eat it the rest of his life without trouble. If it disagrees with him it is advisable not to try it again for at least three months.

The child whose history states that he was well until a year or two of age or later and then developed upper or lower respiratory or other allergic symptoms is usually more allergic to inhalants rather than to foodstuffs. If he were allergic to food it should have caused some symptoms much earlier. The fact that it came on at a later age would suggest that primarily it is due to inhalant or contact factors.

The basic treatment of a child with eczema is the same as that for any other major allergic disease in a person who has inherited an allergic constitution. About 75 per cent of infants with eczema will clear up spontaneously within eighteen months of age for some reason which we cannot explain. The last doctor who treats this child is naturally the best doctor. *But the objective of treatment is not only to clear up the rash but to prevent the major allergic complications that will inevitably recur.* Mothers are happy when the rash disappears but if they knew that the child will develop hay fever or asthma in a year or two or three they would demand specific and thorough treatment of the earliest allergic symptoms. The treatment of eczema does not only consist in the management of skin lesions, but what is more important, the treatment of a whole allergic child, not just his skin. Only in this manner can we minimize or prevent the future development of major allergy.

Local treatment should be simple and requires only a few drugs. Most of the ointments that are highly advertised are not too effective. Vaseline, Lassar's paste, and Mazon ointment are more effective than any combination of expensive drugs in our experience. The cortisone ointments are only of temporary and limited value. Sulfa ointments are quite effective for treating infected eczema and contrary to some expressions, we have found that it does not sensitize the infant to future use of sulfa drugs. Is it wise to deprive ninety-eight or ninety-nine children of a good treatment because you might sensitize one? That is not good reasoning. Dietary treatment has already been mentioned.

Environmental control is just as important as foods. There are as many infants who have eczema and allergic symptoms from

the allergens that they breathe and come in contact with as well as foods. It seems difficult for physicians to believe this fact because we hate to part with old established ideas and traditions. A dust-free room, avoidance of animals and other highly allergic allergens is advisable. *Desensitization of the chronic eczematous patient is our most successful present day treatment.*

Medication: Cortisone and ACTH may tide a patient over a rough spell but the effects are usually temporary and may be dangerous if continued. Occasionally thyroid extract may be of value. Antihistamines and ephedrine may be helpful in a few cases. Sedatives at selected intervals are necessary. Medications as a rule are only of limited value.

Why is it important to treat these babies with eczema as an allergic child instead of a skin disease? In a study we made of allergic children from birth to adolescence we found some interesting facts. Eighty of 100 babies that were allergic in infancy developed some form of major allergy as they grew to puberty; sixty of this 100 developed allergic rhinitis of the perennial type; 33 per cent developed seasonal pollen hay fever; one out of four (25 per cent) of these allergic infants later developed asthma and one of three had chronic eczema; 20 per cent had chronic gastrointestinal symptoms; 10 per cent had urticaria or angioedema; about 2 per cent developed migraine headache. The remaining 20 per cent of this group (twenty patients) developed minor allergy that was not of too much consequence. In the known allergic infants the active prophylactic measures that were instituted for their allergic symptoms enabled these children to grow and lead normal lives. Although many of the treated allergic infants did have allergy of one sort or another as they grew older, the symptoms were mild and of short duration, and not disabling. Those who were not treated for their allergic disease were the group known as "allergic cripples," who were and are partially incapacitated.

A word about desensitization: About 50 per cent of the children seen in active practice who are allergic can be treated successfully by ordinary medical measures. The other 50 per cent may need to be tested to obtain as much information as possible. About half of this group may eventually need to be desensitized against inhalants, usually with excellent and more permanent results. We do not desensitize against foods because there are many others that can be substituted for those eliminated.

Summary

Early recognition of the allergic state in infants followed by adequate, specific prophylactic and active management in the growing child, will allow the individual to lead a normal life. The "allergic cripples" are often the children in which the treatment of allergic disease has been neglected.

CARDIAC CONFERENCE PLANNED

The Third Cardiac Conference of the Colorado Heart Association is being held in Denver November 8 to 13. Dr. H. Alexander Bradford of Denver is chairman of the Planning Committee. The first three days will be devoted to "Electrocardiograph Interpretation" and the last three to "Recent Advances in Cardiovascular Disease." Dr. Paul White will be the headliner, but other internationally famous out-of-state experts on the program will include Drs. Gordon Myers, George C. Griffith, Henry A. Schroeder, William H. Bunn, Myron Prinzmetal, and M. M. Best. Last year's conference, attended by 400 physicians from twenty-seven states, was classed as one of the outstanding conferences in this country.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The next scheduled examination (Part I), written examination and review of case histories, for all candidates will be held in various cities of the United States, Canada, and military centers outside the Continental United States, on Friday, February 4, 1955.

Case Abstracts numbering twenty are to be sent by the candidate to the Secretary as soon as possible after receiving notification of eligibility to the Part I written examination.

Candidates are reminded that lists of hospital admissions must accompany new applications and requests for reopening. They should be sent to the office of the Secretary, Robert L. Faulkner, M.D., 2105 Adelbert Road, Cleveland 6, Ohio.

An End to Procrastination in Managing Prostatic Cancer*

DAVID W. CHASE, M.D.
Missoula, Montana

IT HAS long been the opinion of this writer that more patients with prostatic carcinoma can be cured. The public in recent years has been propagandized into recognizing the "seven danger signs of cancer" and have been urged to "see your doctor" at the discovery or onset of any one of them. I recently punch biopsied the prostate of a 54-year-old man which we had "watched" and called "chronic prostatitis" for four or five years. One year ago additional reputable urologic consultation was obtained and this same suggestion was made. The family was understandably perturbed when it was announced the biopsy showed malignancy and demanded to know why this procedure was not done long before this. They rationalized: "What good is it for the public to recognize cancer signs if the physician himself does not likewise recognize them, heed them, and do something about treatment? So it is pointed out that perhaps we ourselves need some propagandizing along the lines of prostatic cancer, and this is the purpose of this report.

The research of pathologists Rich, Moore, and Kahler has shown that serial sections of random prostates at autopsy of men over 50 have shown the incidence of carcinoma to be on an average of 17.4 per cent. This rate increases, of course, over the ages of 60 and 70. Young says 14 per cent of males over age 44 show the presence of carcinoma; he also points out it is three times as common as any other cancer of internal organs in males.

Ever so often an alert internist or general practitioner finds a suspicious nodule or area of hardness in one lobe of a prostate and refers him to the urologist for his opinion or confirmation. Almost equally as often the impression is confirmed with a question mark and the suggestion is made to either "watch" or to "try estrogens" to see if the nodule softens or disappears. This is a provocative test in reverse and, of course, is done with a tongue-inthe-cheek attitude. In men over 70 and in poor surgical risks this is probably all right because even with proof of early malignancy and no metastasis, radical surgery would not likely be considered, for life expectancy is not as great and estrogens can be effective with or without orchiectomy during whatever lifetime remains. Under this age, however, and especially the 45 to 60 age group procrastination of this very sort may well be regarded as negligence. These nodules should be biopsied for positive diagnosis.

Perineal punch biopsy is a short procedure best done using pentothal sodium or low spinal anesthesia requiring only a finger in the rectum, a knife to nick the skin, and a biopsy punch or needle. There is usually little or no discomfort experienced following this procedure. Avoidance of the use of estrogens before biopsy is mandatory, for its use hinders microscopic diagnosis by distortion or change in pattern of any existing cancer. "One cannot with any accuracy reappraise the suspected prostate once such therapy is under way." It certainly must be clear to every physician (and layman for that matter) that to cure any cancer it must be suspected early, diagnosed early, and removed or destroyed early and completely. Prostatic cancer is no exception. Complete removal means total radical removal of the prostate, its capsule, and the seminal vesicles.

Perineal prostatectomy was first done in 1902 for a benign obstructive prostate by the late Hugh H. Young, "The Daddy of Urology." Another approach, revived in this country as recently as 1947 by Mr.

*From the Section of Urology, the Western Montana Clinic.

Terrence Millin of London, is the retropubic. He visited several urology clinics in America at that time to demonstrate this approach. Both of these approaches were primarily used for removal of the benign hyperplasia and later shown to be of value as well for total radical prostatectomy for carcinoma. Young did his first radical in 1904, and subsequently performed 184 until shortly before his death a few years ago.

I have found there is apt to be some confusion of ideas about what is really done in performing a prostatectomy, regardless of method. Most prostatic surgery (perineal, suprapubic, retropubic, or transurethral) involves the removal of obstructive benign tissue, leaving a false capsule of true prostatic tissue behind. The relatively few cases operated for early carcinoma, whereby the total gland and seminal vesicles are removed, are done only by the famed perineal route or by the relatively new retropubic route. The latter has often been termed "an upside-down perineal." Late obstructive carcinoma is usually handled transurethrally leaving the capsule and, of course, varying amounts of residual carcinoma.

As stated, Young was a perinealist. Since not all urologists are brought up under the wing of a so-called perinealist, the retropubic approach offers a field more familiar to those of us lacking this experience but who are familiar with the suprapubic route. In carcinoma management one disadvantage of the retropubic has been the inability to obtain a dissected surgical biopsy before going ahead with removal of the gland as is possible perineally; however, this can be overcome by use of the perineal biopsy punch instrument. Some dispute the accuracy of this, however, and a newer method now in use is a transrectal biopsy.

Thus there are some of us, probably because we are unacquainted with perineal surgery, who have procrastinated in dealing with suspicious nodules and have leaned heavily upon the use of estrogens. Since we have an already-familiar route available there should be little reason for further timidity.

What about the results of radical surgery versus palliation? Kimbrough at Walter Reed has shown 50 per cent five-year survival following radical (perineal) prostatectomy, against 26 per cent following palliation alone. Young's series shows 50 per cent cure after radical surgery in those followed from five to twenty-seven years. Thus radical prostatectomy appears to offer the only hope of cure whether done perineally or retropubically—choice of procedure to be left to the discretion of the urologist. A prerequisite, however, is a positive biopsy, absence of fixation of the gland or obvious local extension, a normal serum acid phosphatase value, with an absence of bony metastases demonstrable on x-ray of the pelvis and lumbar vertebrae, and with an absence of chest metastasis.

Let us not lose sight of the need for transurethral surgery both in benign and malignant prostatic disease. As mentioned, in advanced carcinoma it is the only means other than suprapubic cystostomy or indwelling catheter to alleviate obstruction—aided, of course, by estrogens, orchiectomy, or perhaps adrenalectomy. The use of radioactive gold as pioneered by Flocks and his co-workers has not had sufficient time for appraisal, but may well find a useful place in the treatment of this disease, or may eventually replace radical surgery completely.

CASE REPORT

A. L. is a 61-year-old white male first seen February 25, 1954, with gastric complaints. A diagnosis of duodenal ulcer was made. There were no urinary complaints except mild nocturia, but on physical examination the prostate was of normal size with a well-defined, firm, indurated area in the left lobe. The gland was not fixed. Remainder of the examination was normal.

X-ray of the bony pelvis was negative for metastasis as was the chest, and there were no prostatic calculi; the serum acid phosphatase was 0.5 Bodansky units (normal).

He was admitted to the hospital on March 1 and under intravenous anesthesia a perineal punch biopsy of the left lobe of the prostate was made. The procedure lasted two minutes. The patient recovered with no untoward effects. Pathologic diagnosis: Adenocarcinoma, well differentiated.

The patient went home and returned on March 9 for total radical prostatovesiculectomy. This was done retropubically with no untoward ef-

fects other than fever to 104 for two or three days. Urinary drainage remained clear throughout convalescence. The catheter was removed the tenth postoperative day and he voided well with no incontinence. Pathologic diagnosis: Adenocarcinoma.

He was placed on stilbestrol, 5 mgm. daily, and discharged home the thirteenth day. On follow-up he has continued to do well with good control, his urine is clear, and he is well-satisfied.

Conclusion

Any carcinoma can be cured if found early enough and extirpated—the problem is to find it. Thus it is urged that more routine rectal examinations be done in men over 40 and more perineal punch biopsies be done in men under 70 having suspicious prostatic nodules exhibiting no evidence of metastasis or extension. Consequently it is also urged that more patients be considered as candidates for radical prostatectomy.

Summary

1. Diagnosis of early prostatic malignancy is the essential prerequisite of cure. Biopsy evidence is desirable.

2. Estrogens should be withheld until diagnosis is certain.

3. Radical prostatovesiculectomy is the only cure, irrespective of method.

4. The retropubic operation is offered as a means to this end for surgeons unacquainted with the perineal route—with presentation of a case.

5. Palliation of early cases is sanctioned in those over 70 and in poor surgical risks.

6. Procrastination in men under 70 is condemned.

7. Other methods of treatment are mentioned.

*Evaluation of the Cardiac Patient for Surgery**

CHAUNCEY C. MAHER, M.D.,
Chicago, Illinois

FAVORABLE experience of surgeons in the past decade in the field of congenital heart disease and in thoracic surgery has shown that cardiac patients are better surgical risks than has been generally appreciated in past years. There are no single or simple direct diagnostic procedures to avaluate any given cardiac patient as a surgical risk, such as routine stethoscopic examination, ballistocardiograms, exercise tests, or electrocardiograms, preoperatively. Minimum diagnostic procedure includes history and physical examination, blood counts, urinalysis, serology, an electrocardiogram, and a two-meter x-ray film. With this information, most cardiac patients may be classified as to their type of heart disease and anatomic defects. Precise definition of the cardiac status preoperatively provides information regarding potential complications in the postoperative period.

The patient with rheumatic valvular disease is a potential candidate, under the stress of added pathology and surgical procedure, for subacute bacterial endocarditis, reactivation of latent rheumatic infection, auricular fibrillation or flutter, emboli, cardiac failure, or combinations of these complications. Rheumatic valvular patients are *substandard* surgical risks if the rheumatic infection is *active,* if they have transient attacks of auricular fibrillation or flutter, chronic auricular fibrillation, or cardiac failure. The patient with a healed rheumatic defect, aortic or mitral murmur, compensated, and leading an active life, on the other hand, is a reasonably good surgical risk.

The hypertensive patient's future is more likely to hold vascular complications such as cerebral thrombosis, coronary thrombosis, renal or cardiac failure. The hyperten-

*Presented before the 9th annual meeting of the Ogden Surgical Society, May 26, 1954. The author is Associate Professor of Medicine, Northwestern University.

sive patient whose record indicates persistently high systolic and diastolic levels, with evidence of cerebral irritation, angina, renal damage, significant left ventricular hypertrophy, left ventricular strain in the electrocardiogram, cannot qualify as a surgical patient. The hypertensive patient without evidence of vascular, renal, or cardiac complications tolerates surgery as a rule without difficulty.

The coronary patient's future is concerned with the possibility of an acute coronary thrombosis or a second infarction, if he has already had one in the past. Ventricular tachycardia and cardiac failure are possibilities in the postoperative period. The coronary patient who has had myocardial infarction, after a year, who presents evidence of adequate collateral circulation, with reasonable capacity for physical activity, while substandard, is not a too poor surgical risk. The patient who has angina, with or without previous infarction, constitutes a serious problem. Imminent coronary thrombosis in such a patient may sometimes be anticipated on the basis of their symptomatology. Increasing frequency of anginal attacks, prolonged duration of pain, precipitation of pain with minimal stimuli, or undue fatigue may indicate approaching occlusion and undesirability of surgery. Patients with pulmonary heart disease are particularly susceptible to respiratory infections, auricular fibrillation, emboli, and cardiac failure.

Surgical patients with cardiac disease should be classified as emergencies, operations of necessity, and operations of choice. For example, the emergency patient with a perforated gastric ulcer or similar surgical pathology, limited time is available for evaluation of his cardiac status. The clinical record should include not only the story of his surgical problem but the cardiac aspects of his problem in the past and present. Physical examination will provide some information, as a rule, and an emergency electrocardiogram and sometimes an x-ray film of the heart and lungs, are helpful. In those patients facing necessary or optional surgical procedures, full diagnostic study is warranted to provide accurate cardiac diagnosis and evaluation of functional capacity of the heart. Preoperative water balance studies are of value to secure evidence of cardiac failure with edema. When full diagnostic information is obtained a decision must be made as to degree of risk involved. The cardiac patient classified as a poor risk should avoid surgical procedures which are optional. In those who must be operated, the cardiac risk must be evaluated as accurately as possible and every precaution taken to minimize dangers.

Patients with cardiac disease and cardiac decompensation deserve special consideration. Surgical procedure should be avoided when possible. Such patients should have ample preoperative cardiac care in a hospital environment in operations of necessity. Full compensation should be achieved, if possible, by conventional methods, and accurate water balance studies to prove their cardiac capacity.

Each patient presents an individual problem, cardiac and surgical, and, at best, accurate evaluation presents certain hazards. Collection of diagnostic evidence, careful consideration, and adequate time for study minimizes the number of errors.

EXPANSION OF GROUP INSURANCE PROTECTION

A three-fold expansion of group insurance protection for American families has taken place since the end of World War II. Almost 34 million persons are now covered, primarily for benefits for hospital and surgical care. Major medical expense coverage, the newest type of group insurance, now protects some 1.1 million individuals under 700 master contracts. It has had the most rapid rate of growth of all group insurance plans.

On a nationwide basis, health insurance plans have enrolled about 60 per cent of the population, providing some form of protection against future hospital expenses for some 100 million Americans. Over 75 million have insurance against surgical bills, and nearly 40 million have coverage for doctors' calls.

MINUTES
HOUSE OF DELEGATES OF THE UTAH STATE MEDICAL ASSOCIATION

60th Annual Meeting, Sept. 8, 1954
Salt Lake City, Utah

President Frank K. Bartlett called the meeting to order at 9:00 a.m. in the Junior Ballroom of the Hotel Utah. He called on Dr. A. A. Imus of the Credentials Committee, who reported seventy-eight delegates seated with proper credentials.

On motion of Dr. Keller, seconded by Dr. Malouf, minutes of the last meeting were approved as previously published in the Rocky Mountain Medical Journal. President Bartlett then gave his report as outgoing President as follows:

President's Report

It is a great honor and a pleasure and a stimulus to have acted as your President for the past year. My association with the men on the Council and the opportunities I have had to make more acquaintances among physicians throughout the State has been a privilege that I shall always cherish.

During the past two years, which have gone by with unbelievable rapidity, I have developed a profound respect for the fundamental objectives of the medical profession of this country as expressed in the Constitution and By-Laws of our state and national organization and as revealed in the deliberations of the men who comprise their legislative and executive bodies. There is nothing selfish within their structures. By far most of the men that I have contacted during these past two years reflect the traditional ideals and dignities of medicine at its best.

Your state officers have resolved the current problems from week to week to the best of their abilities and judgment, and I hope satisfactorily to you and to all the members of the State Society. The full Council—now composed of a member from each component society—has met quite regularly and the Executive Council often in between.

Whereas the population of the State has increased an average of 3 per cent per year and the active medical personnel has increased 5 per cent yearly, the activities of your State Society have multiplied manyfold.

Whatever our Society accomplished in one year is but one small phase in a continuing and changing dynamic program which goes on from one year to the next. I say "dynamic" because the medical profession of the entire country in the past few years has awakened from a cloistered professional attitude to a sharp realization that they must assume an active role of aggressive leadership and the control of the health of the nation, which rightfully falls mostly within the orbit of medical men and not to governmental and lay groups. We realize and accept that certain phases of the health of the nation and its administration rightfully belong to the national and state governments.

There is really no finished and sculptured statue that I can present to you as evidence of the accomplishments of the Utah State Medical Society for the past year. Rather you get glimpses of numerous projects in process, of many committees working, of conclusions drawn, of policies adopted and of actions taken, all as evidences of a continued effort and of some accomplishments.

Council visitations to various component societies have been abolished this past year for it was felt that the presence of a councilman from each Society, as well as the news published in the Bulletin, were sufficient to disseminate information and keep close contact with one another.

I think you will all agree that the medical profession senses and is increasingly aware of its responsibilities in good public relations; to the need for a closer working liasion with labor, veterans, and other groups; to the importance of good insurance for our patients; to the need for the indoctrination of our young medical practitioners in the ethics and proper practice of medicine; to the necessity of keeping medical costs down; for the furnishing of the best medical care to all people at all times at a fair cost, especially adequate medical care of the poor and the indigent; for our active leadership and participation in all public health movements and in health legislation and in many similar and allied health problems.

The Medical Society in Utah, as elsewhere, is now irrevocably integrated with the promotion of every movement that concerns personal or public health. The Society is doing a commendable job in accepting this recent concept of its expanded function. It is quite obvious that we will need to participate even more in public health endeavors in the future and at all levels of our medical organization.

The A.M.A. is cognizant of the need for and the implications of a forceful leadership by our profession. It has accepted the challenge and subsequently has widened the number and depth of its activities to an unbelievable degree. All the State Societies, including our own, have substantiated and followed the A.M.A. in its thinking and in its major projects. This makes for unity and strength among national and state organizations.

Most of the activities of the Utah State Medical Association have been carried on through committees, of which there are about twenty-five. Not all these committees are active. Several are perfunctory and without major objectives. Most all of them, however, are engaged in one or more projects that perpetuate themselves from year to year. These committees have applied themselves diligently this past year and have accomplished considerable, the results of which I recommend that you read in your "Report of Committees." We as a Society owe a great deal to our State Committees, for to my way of analysis they form the most important working segment of the Society. They are the groups who have specialized in certain fields and are of great value in advising and in assisting the Council in its decisions. You hear very little about a number of these groups, but nevertheless they continue to plan, investigate and grind out their assignments.

Throughout the year the importance of good public relations has been stressed over and over. Some few may become tired and even irritated from the frequent reference to this subject. But I assure you that those of the Society who have had to deal with problems arising out of poor public relations are very alert to its importance. A failure of friendly and cooperative relations between the Society and the public is tantamount to pulling the keystone out of an archway. The national, state and county societies can implement good public relations to a certain extent; they are, however, in no way a substitute for the individual physician. The lone doctor, his personal conduct, his attitudes and his relation to the patient is of paramount importance. There is nothing equal to the integrity, the kindness and the efficiency of the individual physician; all other medical activities are subsidiary to this. His is the basis of our traditional good relations. Without this we can do nothing. With this good relationship, 150,000 doctors over the United States can be a powerful force for good in any department of our activities, particularly in the field of health legislation.

Next to the individual physician in importance stands the County Society, whose broadened activities in community affairs ranks high towards the establishment of the physician as a useful and respected citizen. It is the recommendation of the Council that each component society re-examine its position within its own territory and assert its entire facilities for a friendly amalgamation with all lay groups in promoting or solving local medical problems. The public relations program of our State Society over the radio, TV, through our articles in the press, from speakers and the forum, have been

quite extensive and very worth while, and they compare favorably with those of other states. Over one-third of all the physicians in the State have written articles for the press or have taken part in the public activities of the radio, TV, or Forum.

I would like to comment on some of our activities during the year:

1. The Forum series in conjunction with the Salt Lake Tribune was not only an innovation in the intermountain region but it served as a strong educational program for the public, particularly when supplemented by the Tribune's excellent reporting of each of the twelve subjects. This series will be repeated this winter. Seventy-five physicians collaborated and here it was discovered that doctors are not only good at medicine but have some excellent qualifications on the platform. There is an old axiom that if you wish to get people interested, give them something to do. The more physicians we can employ on all our state and county activities, the better it will be for our Society. No one wants to be on the receiving end at all times.

2. Recently through the efforts of a new committee under the chairmanship of your next President, Dr. Ruggeri, a much-needed interprofessional code with the lawyers was formulated and adopted by the Council. Much good will come of this agreement. Similar codes may be adopted with other professioinal groups.

The code of ethics adopted by the Press and the Medical Association a year ago has cleared up many prerogatives and misunderstandings on both sides. The relations between the Press and the Medical Society of Utah now are excellent. This is a good sample of what friendly chats and social gatherings will do.

3. We have encouraged and financially supported the extension of the postgraduate educational program of the University of Utah Medical School, which is benefiting physicians not only in Utah but of adjoining states. Their TV program is convenient and of high quality. Many doctors have made use of the audio-visual kits. Expansion in this field is an excellent and inexpensive educational media. We congratulate the University of Utah Medical School not only for this innovation but in the top ranking leadership in many other fields, and particularly in the quality of the young doctors graduating. The value of the influence of such an aggressive and high grade institution in our community has an unassessable value.

4. The Council under the sponsorship of our Secretary, Homer Smith, has initiated a "Planning Committee" for the State Society. So far there is only a beginning but it has good possibilities for projected planning in such things as budget disbursements, expansion and improvement of our State office, and future projects for the Society.

5. Recently we supported the efforts of the National Polio Foundation in a trial of the prophylactic Salk vaccine. Many physicians cooperated in this worthy project which apparently is on the right track. Considerable work is yet to be done to fully determine its value. Even in the face of its uncertainties, our support is commendable to either prove or disprove its worth in a disastrous disease that has no preference and for which there is no known help except the prophylactic use of gamma globulin. This program was sponsored by the Utah Health Department.

6. You are all acquainted with the growth and increased usefulness of the Utah State Bulletin. This little brochure has not only carried itself financially but has netted our State treasury $6,000.00 in the past one and a half years. It is a most valuable publication as a medium for expression from various members or committees. It carries much useful intrastate information as well as interesting and valuable reports from outside sources. Our Executive Secretary is the man who winds up the works and makes it tick. After two years with Harold Bowman I find him not only an efficient administrator but deeply interested in the affairs of our Society.

7. During the past year the Council established an award of merit for the most outstanding service to the public in the field of public health. Mr. William Patrick, medical news reporter, and the Salt Lake Tribune received the award conjointly this past year for the excellence of their educational articles on matters of health and disease, and in addition for their help in the organization of the Forum Health series. The establishment of this award from our State Society for meritorious service is an excellent stimulus for good and may often be recognition for an effort that might otherwise pass by with only casual approval. It is an example whereby man honors another who serves mankind.

8. Your attention is called to the marked improvement of our TV and radio programs in the past year. It was recognized that these programs can become very stereotyped, stale and even dead as they have in other places, unless a good deal of thought is applied to their content, variation and presentation. This had been done by the Utah Health Council under the chairmanship of Drew Peterson and in collaboration with Mr. Ray Servatius. For the coming fall, programs similar to the Forum, presented and moderated by an all-physician cast, have already been planned.

9. I should like to refer briefly to our Industrial and Labor Relations Committee, which has performed a commendable service to our Society by careful planning and much study and some negotiations. This is a very important field of our Society at present for the formulation of working agreements, for ironing out differences and seeking common grounds for varying degrees of medical service with costs agreeable to both sides. The committee has had considerable experience in this field and I am sure that their judgment is of the best. Several conferences between labor, industry and medicine are contemplated for the coming year.

There are a great many other activities of your State organization that I will not have time today to discuss. Many of these concern the endeavors of the numerous committees which have done a very fine job and have contributed much to the Society's success. There may be decisions of the Council that you would like to know more about. If so, you have the privilege to inquire and to discuss anything you desire later in the day under Miscellaneous Business.

There are a few suggestions I would like to make that may be useful to the Society:

After the year's work most every committee comes up with some very valuable recommendations; these are frequently overlooked and become buried. Every Councilman should become acquainted with these reports and suggestions and use them in his Council deliberations.

I have been told that our malpractice insurance is altogether too high and that something should be done about it. In the past year 22 suits have been filed against doctors, which is a very high percentage indeed. Many of these are nuisance suits but some have merit and have cost the insurance carriers about two-thirds what they have collected as premiums. Your Malpractice Committee has gone into this subject thoroughly and have made some succinct recommendations. Apropos to this, some years ago there was a small magazine printed for private fliers; it was titled, "Air Facts." In it was shown in detail the causes of every plane accident and on the same page was emphasized what could and should have been done to avoid each accident; it was invaluable to all fliers and made them alert to common pitfalls. I feel that much more can be done than we are doing to avoid damage suits and that the committee should pursue the subject further, put their finger on the trouble and perhaps set about informing the physicians of this State by private letters wherein the causes and the remedies lie.

I believe that there is a fine opportunity for our Insurance Committee to educate the public through repeated articles in the press and by radio on prepayment insurance. Most people buy insurance policies on the say-so of the agent and seldom read its contents; even if they did read their policies few would understand the subtle terms and the obscure and often evasive phrases. If we could impress the public on thoroughly understanding a policy before buying one, and perhaps furnish the means of interpretation, we would be doing them a great service.

The House of Delegates is now over seventy in number. It would be expeditious, I believe, to change the Constitution and provide for a Speaker whose term could continue indefinitely. He need not be a member of the House of Delegates.

I urge this House of Delegates to continue its yearly assessment for the benefit of the American Medical Education Foundation. This is a most exemplary and practical method to preserve the independence of medical schools and to augment their facilities which are in so much need of help. No matter what we give, we can never pay those whose work and endowments in the past made our medical education possible. We have all prospered and the least we can do is to be gracious towards the younger generation of doctors. Last year every four-year school received from this fund $15,000 plus $25.00 for every undergraduate. The University of Utah Medical School has received $80,000 in the past three years. It is an honor for our State to be second in the nation to visualize the need and take the initiative in this direction.

In the past year one million dollars was donated into the A.M.E.F., one-half of this being given by

physicians and one-half by the A.M.A. out of its treasury. The A.M.A. cannot continue this large gift indefinitely. The yearly goal of the A.M.E.F. is two million dollars, which is approximately $13.00 for each active member of the A.M.A. I present these figures for your information because of some questioning on the amount of the assessment in Utah.

Lastly, I wish to call your attention to the importance of the Health Code annotated 1953, 26-15-58, passed by our Legislature and fully supported in its passage by the Utah State Medical Association. I urge that this House of Delegates stand firmly behind this law and discuss today ways and means by which the U.S.M.A. might implement this code to the improvement and advantage of the medical profession and all the people of the State.

And finally, I would like to take this opportunity to thank all of you who have cooperated so diligently and willingly throughout the year in the various activities of the Association. I shall always remember the consideration and respect that has pervaded all our meetings. It has been a pleasure and an honor to meet with the Council, for a finer group of gentlemen one will seldom find.

As for myself, the entire year has been one of liberal education and inspiration, and I only wish that every member of the Society could begin his medical career with a similar experience. I am sure that he would have a wholesome respect for the intelligence and equanimity of his contemporaries and a stronger desire to see good organized medicine prosper. Again, my deepest gratitude to all.

Dr. George M. Fisher, Delegate to the A.M.A., reported as follows:

Report of A.M.A. Delegate

It has been an honor to represent the State of Utah at the A.M.A. House of Delegates. I want to tell you that in addition to your Delegate's work there, your officers of the State Association, your Presidents, have been very active with the House of Delegates. Dr. Oaks when he was President, Dr. Castleton and Dr. Bartlett I think have attended, one or the other, every House of Delegates; and your Secretary has been there. Utah has been fairly well represented.

There is only one suggestion—and I think the Council has carried this out—I think while Utah is not entitled to two Delegates, the Alternate should attend the meetings along with the Delegate.

I would like to read what James R. Rueling, who is the Speaker of the House of Delegates, said at the St. Louis meeting, which is a quotation here: "The struggle against socialization and compulsion of American medicine has not diminished. Methods and tactics have changed and we must be alert."

I would like to read just a quotation from Dr. McCormick, President of the A.M.A., who gave a very wonderful address, and here again is something for thought: "Our relations with the public must and shall be improved." He suggested that public relations is a "grass roots" problem, and interprets "grass roots" to mean every physician in his every contact with every patient every day. This is fundamental. Dr. McCormick further stated, "If we are to acquaint the public with our real objectives and accomplishments, we must educate ourselves."

Incidentally, I felt a little embarrassed when Dr. McCormick said that the relationship of the medical profession with the public is not good. My opinion of it is that it is good. But he has had a great deal of experience and has been to all the various states and his impression of it is not good; and if we are going to improve it, we have got to improve it at the bottom, and the A.M.A. can't improve it by starting at the top.

There was much discussion in the House of Delegates centered around the medical care for dependents of military personnel. The Board of Trustees recommended that the House of Delegates adopt the following policy with respect to dependents of military personnel:

(a) That Congress be urged to consider carefully, to define fully a national policy with respect to the provision of medical care for dependents of service personnel;

(b) That the Association advocate that any program devised for the care of dependents of military personnel be made contingent on the adoption of a clear and understandable definition of what constitutes a dependent;

(c) That the Association continue to recognize the need and importance of utilizing military medical personnel and facilities in providing hospitalization and medical care for dependents of service personnel residing outside the continental United States, and at or near military posts in the United States where civilian facilities are unavailable or inadequate.

(d) That, except in situations as outlined in (c) above, the Association recommend that medical care and hospitalization of the dependents of service personnel be provided by civilian personnel in civilian facilities.

Whether that is going to happen or not I can't tell you, but there is a good deal of opposition on the part of the armed services, and I think they have some logical conclusions on their own part; but at least that is the situation at present.

(e) That the Association approve of the principle of premium payments by service personnel through the media of non-governmental insurance agencies to cover the cost of medical and hospital care of their dependents through voluntary payroll deductions.

That was the conclusion of the Board of Trustees and adopted by the House regarding the care of dependent military personnel.

The Judicial Council solicited the most careful consideration of the House of Delegates and their constituency of 140,000 physicians to the loss of public confidence in the integrity of the medical profession that follows each publicized expression of personal opinion regarding unethical conduct alleged to be prevalent in considerable segments of the nation. We have the constitutional processes by which charges of unethical conduct may be tried in an atmosphere of equity and fair play. Why not invite formal charges of misconduct among members, and thereby insure each alleged offender trial by his peers rather than by sources that lead no further than the sensationalism and loss to our profession of the precious good will of the public.

What is the A.M.A.? Well, it is us. It is this group in here. You hear much criticism about what the A.M.A. does, the House of Delegates and the Board of Trustees; they do things we don't like. If that is true, then this representation here is not true and the State Medical Association does not like it. The A.M.A. is us. We send representation there, your own delegate; but the Board of Trustees functions through them. And every policy that is formulated by the House of Delegates, how is that formulated? By resolutions introduced into the House of Delegates by the State Societies plus recommendations of the Board of Trustees after they have considered duly these recommendations.

A Utah resolution was introduced sometime ago, two years ago I believe, on reduplication of meetings that the A.M.A. was having, they were having too many meetings overlapping. I think Utah did a worthwhile thing when they introduced a resolution asking the Council and the Board of Trustees to try to avoid this reduplication and cut down the expense and time of the members in attending. An effort was made to do that and I think some results were accomplished.

A resolution was also introduced to curtail hospital practice on ambulatory patients. That was adopted in principle and was referred to the so-called Hess Committee because it is more or less covered in that committee. Results locally in regard to that would have to take action here.

Another resolution was introduced from the State of Utah—I think the House of Delegates. Dr. Bartlett should write to the A.M.A. and ask for what action has been taken on this—a resolution on the free choice of physicians for federal employees. I think that this will have to go through Congress. It is a law they can't have free choice. A federal employee cannot go to a physician of his choice unless the law is changed. This resolution which was introduced from Utah was referred to the committee, and the committee has worked on it before and nothing has happened. I asked about the results of this resolution a year ago and they told me it was still in the process of discussion and nothing can be done. But since it came from Utah, I think another resolution should be introduced or a letter written asking what has been the result of this one resolution.

Two resolutions were introduced from the State of Utah on the veteran problem, asking that veterans with non-service connected disability do not receive care in veterans hospitals. I don't know the total number of resolutions that were introduced from the states on this problem, but they were numerous. I would judge there must have been thirty or more. There were duplications, asking that veterans with non-service connected disabilities do not receive care in veterans facilities.

Now over a period of about, I think, four sessions of the House of Delegates, this question was debated. We debated it fully and violently and carefully. Following each discussion in the House of Delegates it would be referred to the Board of Trus-

tees for another period of study before it was brought back to the House again, and the Board of Trustees would then bring it back Then there would be more resolutions from the states asking for some action on this problem. Finally after four sessions of the House of Delegates on this problem, the House of Delegates unanimously voted that veterans with non-service connected disabilities be not cared for in the facilities of the veterans hospitals. What has been the results? We haven't made any effort to go much farther, except by a process of education.

The only thing I want to draw your attention to is this: That when the A.M.A. is criticized, the House of Delegates, the Board of Trustees or the President, for having instituted such a program, that program comes right back into your laps because you are the folks that asked for it, including me.

Now just one more word: The A.M.A. is not against anything; they are for most things. The A.M.A. supported most of the President's health message but objected to the reinsurance program; and as a matter of fact, the reinsurance program was brought back from the committee but was defeated on the floor, partly through our efforts and through many efforts.

We also objected to the inclusion of physicians in the Social Security program. The Social Security program otherwise was approved by the A.M.A. that passed with the exclusion of physicians and some other professions.

We asked for the passage of the Reed-Keogh bill or Reed-Jenkins bill giving you an opportunity to save your annuity proceeds; but that has not been brought back on the floor of the House.

One other thing that was recommended by the Committee on Medical Service was that they opposed extension of the doctor draft law beyond 1955 —that is the way it stands at present—unless some situation arises to ask for a change in that law.

We will now hear the report of Secretary Homer Smith.

Report of Secretary

Dr. Homer E. Smith: The report of the Secretary is essentially embodied in the report of the Executive Secretary, Mr. Harold Bowman. He and his staff have very ably carried out the functions of the office of Executive Secretary. I do not need to add to what is in the book.

Report of the Treasurer

Dr. James Miller: In accordance with precedent, the report of the Treasurer is divided into the condensed financial statement appearing in the printed handbook on page 8 and the following report with a recommended budget. The detailed report of the auditor is available to any interested member at the executive office of the Association.

The House of Delegates in 1953 by its approval of the Treasurer's report authorized the Council of the Utah State Medical Association to reinvest the funds of the Association.

Since a wise decision regarding any investment change could be best made by thorough study and decisive action by a centralized authority rather than by hasty action of the House of Delegates as part of the crowded agenda of an annual meeting, it is my recommendation that your duly elected Council again be given a vote of confidence to act with discretion in this matter.

The next item is the special A.M.E.F. assessment of $20 per member. It is now open for discussion. There was none and the recommendation was adopted.

It is recommended that the House of Delegates adopt the Treasurer's and Budget Committee's report. On motion, regularly seconded, there being no discussion, the recommendation was adopted.

Reports of Councilors

Pres. Bartlett: We will have a summary of the reports of the Councilors. I will call upon them individually. The Councilor from Cache Valley, Dr. Porter.

Dr. Porter: The report is in the blue book. There is just one problem in Cache Valley that should come before the delegates. That problem is including men from Preston, Idaho, in the Cache Valley Medical Society.

The reason for that is the absolute oneness, geographically, of the area. The four men in Preston have been attending our Society, but they have to belong to the County Society in Idaho in order to belong to the State Society in Idaho. They have therefore been paying double county dues, dues to the Cache Valley Medical Society and to their own Society in Preston. They think that is not quite fair.

I know of no way to overcome this difficulty unless it could be through an agreement with the Idaho State Society to allow them to belong to our Society, or present the matter to the Judicial Council of the A.M.A. for a decision. I would like to know what the feeling of the delegates here is in that respect.

Pres. Bartlett: For your information we took this up at the Council last night; Dr. Porter presented it. It is a matter of a few doctors from a marginal area in another state belonging to and paying dues to a Utah Medical Society. And we referred the case to our Executive Secretary to write for information to the A.M.A. for anything similar to this previously in the organizations in the states of the United States, and also to confer with the President or the Executive Secretary of the Idaho State Medical Association to see how they feel about it before any action is taken.

Pres. Bartlett: The next report would be the Councilor from the Central Utah Medical Society.

Dr. L. W. Sorenson: There is a problem down in our area too that I would like to have an opinion on; and that is, some of these neighboring towns in Arizona, the doctor practicing for instance in Kanab, he practices in a little town, Fredonia, in Arizona without a license in Arizona. How can that be made legal?

Pres. Bartlett: It is the same problem. We may take it up through the Executive Secretary by correspondence and report back to you. Does the Councilor from Central Utah have anything further to add, Dr. Malouf?

Dr. Malouf: It has been a privilege to serve in the Council; our report will stand as printed in the blue book.

The Councilor from the Southern Utah Medical Society, Dr. Williams, had nothing further to add.

The Councilor from the Uintah Basin Medical Society, Dr. Seager, read from page 38: "We have appreciated the advantage of a representation on the State Medical Council and feel that it is a definite step towards better coordination between rural practice and the larger medical centers of the state."

Dr. Seager: I would like to make one other remark and that is concerning the Medical Education and Hospital Clinics. I think they should be commended by the House as a whole for the wonderful work they have been doing in our outlying districts. The University committee especially has been doing an outstanding job and has helped us out a great deal.

The Councilor from the Utah County Medical Society, Dr. Ostler: In addition to the report in the blue book we have one problem which is facing us, namely, Dr. Bird and Dr. Lyman living in Delta who feel that they live too far away to come to our meetings, 90 miles. They feel like they should not pay dues to the County Medical Society. This has come to our attention through

our state office. Dr. Bird is very adamant about withdrawing from the County Medical Society.

This is a problem which we feel might be enlarged because we have members in our Society at the present time who are paying the dues as they should do, but are not attending meetings. We have three men at Nephi, a distance of 45 miles. We have three men in Heber who seldom attend our meetings. If this is allowed to continue, it might open an alarming wedge. Last night it was the unanimous decision of the Council that every effort should be made to keep these men in the Society in good standing as they are at the present time.

Pres. Bartlett: This is a serious problem in Utah. No man should be allowed to drift away from his component society because of distance. According to the Constitution he cannot belong to the State Association without belonging to a component society. These men should be informed of that. We have advised the Utah County Society to make every effort possible to interest these men in the Society, even to having a meeting down in Delta, put them on their official list to do something to make them interested in the Society. We cannot afford to lose men.

The Councilor of Weber County Medical Socity, Dr. Rich Johnston, had nothing to add until the order of New Business.

The Councilor from Carbon County, Dr. J. Eldon Dorman, had nothing to add at this time.

The Councilor of Salt Lake County Medical Society, Dr. James F. Orme: I should emphasize the last paragraph of my report concerning the A.M.E.F. assessment. It has fallen my duty to approve non-payment of these assessments. While I don't have access to the members' bank accounts, I think some of them could afford it as well as I; and so I think before calling themselves "hardship" cases, they should search their consciences carefully.

New Business

Dr. Wm. H. Nebeker introduced a resolution as follows:

RESOLUTION

Whereas, The 1953 session of the Utah State Legislature passed and put into law a new Health Code entitled, Code annotated 1953, 26-15-58, describing minimum requirements to qualify as a licensed hospital; and,

Whereas, Provisions of this Act are not generally understood by members of the medical profession of Utah; and,

Wheres, It is the desire of the Utah State Medical Association to acquaint every physician with these new laws; and,

Whereas, Ignorance of the law will not be an excuse for any failure to practice in accordance with the laws;

Now, Therefore, Be It Resolved, That the House of Delegates of the Utah State Medical Association in session September 8, 1954, herewith directs the Council to appoint a special committee consisting of a pathologist, an internist, an obstetrician and gynecologist, a surgeon and at least one general practitioner, to cooperate with the State Health Department and the Hospital Board and all hospitals licensed under this Act in promulgating the new law to the public benefit; and,

Be It Further Resolved, That this committee act in an advisory and cooperative capacity in maintaining high standards of practice now prevalent throughout most hospitals in this State; and,

Be It Further Resolved, That if facilities are not available in the hospitals to permit the carrying out of these statutes, that this committee be empowered to assist in making available such facilities; and,

Be It Further Resolved, That the Secretary and the Treasurer may be empowered to draw upon the funds of the Association to defray cost of traveling expenses connected with this committee's activities; and,

Be it Further Resolved, That if in the opinion of the committee, any changes in these statutes are desirable that a recommendation be carried to the next meeting of the House of Delegates; and,

Be it Further Resolved, That the committee be required to investigate and report back to the Council upon request.

The resolution was adopted unanimously.

Dr. T. E. Robinson introduced a resolution as follows:

Resolution to Guide Actions of the Members of the Medical Profession as They Pertain to Professional and Legislative Practices in Hospitals.

Whereas, It is secured by the Bill of Rights unto free men the right to assemble, to organize, and to legislate in order to maintain, retain, or to secure their basic rights and freedoms; and,

Whereas, There has been in many instances a trend in hospitals to restrict, circumvent or even to abrogate the basic rights of free men; and,

Whereas, Much of this basic trend has been sponsored and fostered by non-professional men as represented by hospital administrators, Board of Trustees of hospitals and by the American Hospital Association; and,

Whereas, Much of this restrictive legislation is forced upon the medical profession because of a critical lack of basic governing principles within the profession itself to deal with these matters; and,

Whereas, This deficiency in a universal understanding within the profession is almost wholly responsible for the schisms within the profession; and,

Whereas, There is great need for the profession to have basic guides to assist in negotiation with Board of Trustees of Hospitals and hospital administrators;

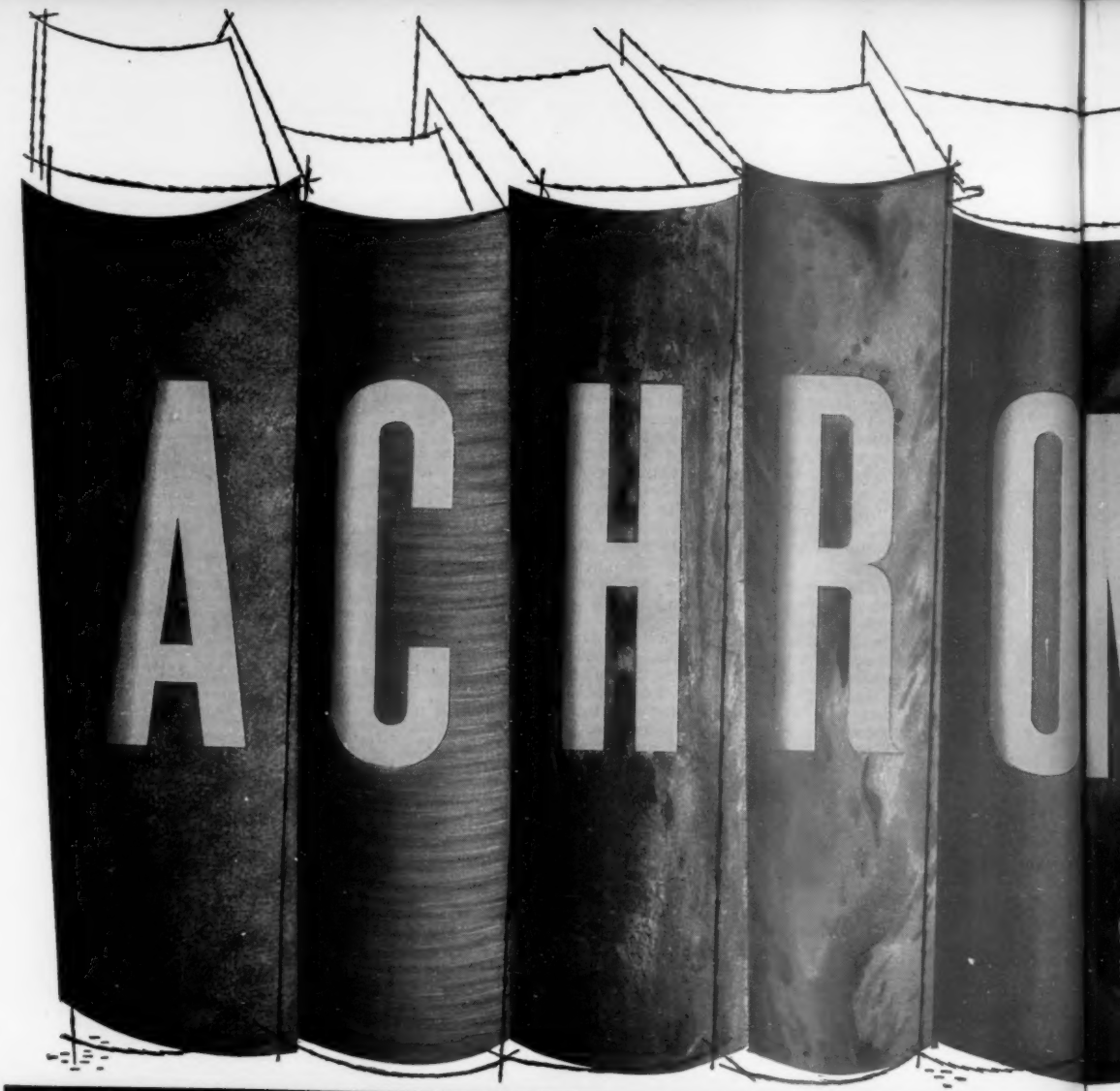
Now, Therefore, Be It Resolved, That the Utah State Medical Association does establish the following principles and rules to assist and guide members of the medical profession in their professional and legislative dealings in hospital practice:

1. That it is self-evident that it is the basic right of every M.D. who has qualified for practice in a given state by fulfilling all the requirements by law of that state, to have available to him and his patients hospital facilities if such facilities are present and if such hospital has been adjudged a quasi-public service institution by being granted immunity by the state from payment of taxes, etc.; and if such hospital received as a major portion of its patients those classified as private patients (such patients paying the hospital for care rendered therein) and providing further that such hospital is not privately owned and supported wholly by such ownership without contribution (direct or indirect) from church, state, federal government, or foundation.

2. That it is also self-evident that this basic right should not be denied any physician except when such physician has been adjudged unworthy of this right by the properly constituted authorities of his own hospital staff. In such an event such member shall have the right of appeal and shall be heard by the Professional Relations Committee of the Utah State Medical Association and the Council of the Utah State Medical Association, and after deliberation by these two bodies, the Council of the Utah State Medical Association shall make such recommendations as seem to render justice to the complaining member.

3. That it shall be unethical for any member of the Utah State Medical Association to participate in the formation of any rules or regulations in hospital practices which restrict, circumscribe, circumvent, or otherwise infringe upon this basic right of the doctor to admit to and to care for his patients in such hospital. This does not imply nor in any way suggest immunity of such member from local hospital staff regulations which assure proper care of the patient, but it does imply that no patient can be taken away from or otherwies referred away for care for his attending physician except by consent of that physician.

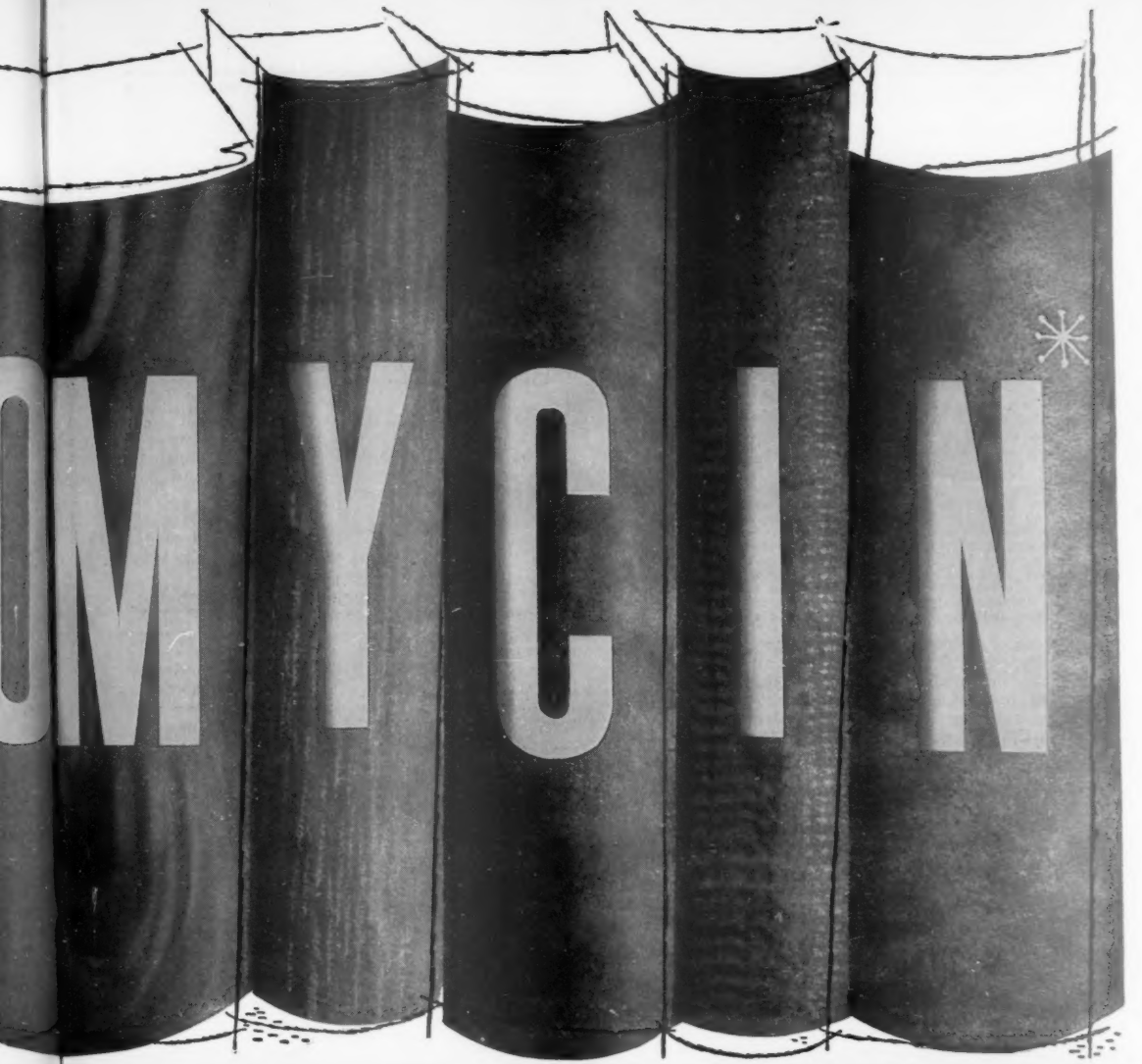
4. That it shall be unethical for any member to participate in setting up qualifying standards for staff membership or for practice in any hospital which would impose undue hardship for the average graduate to attain to or which would impose training for which facility is not readily or easily available or which would require training in specialty residencies when the graduate desires training in rotating residencies to qualify for general practice. To be more specific, no hospital shall have as a requirement for staff membership or as a requirement for practice of medicine and/or surgery in such hospital a ruling or regulation which imposes residency training which is not in keeping with advancing such training specifically towards the type of practice in which the member will engage.



Medical history is being written today

Lederle

®REG. U.S. PAT. OFF.



Hydrochloride
Tetracycline HCl *Lederle*

The introduction and rapid widespread adoption of ACHROMYCIN has opened a new chapter in the history of broad-spectrum antibiotics.

ACHROMYCIN fulfills the requirements of the ideal antibiotic in virtually every respect . . . wide-range antimicrobial activity, *in vivo* stability, tissue penetration, minimal toxicity.

ACHROMYCIN is truly a broad-spectrum weapon, effective against Gram-positive and Gram-negative bacteria, as well as certain mixed infections.

ACHROMYCIN is more stable and produces fewer side effects than certain other broad-spectrum antibiotics.

ACHROMYCIN provides prompt diffusion in body tissues and fluids.

ACHROMYCIN is destined to play a major role among the great therapeutic agents.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY PEARL RIVER, NEW YORK

5. That it is also self-evident that the members of a hospital staff should be self-governing . . . this to assure freedom to legislate, to elect general officers, to elect heads of departments, and to otherwise set rules and regulations that govern the practice of medicine and surgery in the hospital. This to be done in cooperation with and in harmony with the Board of Trustees and the Administrator, but the staff must be independent in its government.

It, therefore, shall be considered unethical for a member of the Utah State Medical Association to enter into any agreement with or to accept any appointment from the Administrator or from the Board of Trustees of any hospital which is not in keeping with or which in any way circumvents or abrogates either the letter or the spirit of such self-government.

6. That while it is recognized that the rights of ownership and management are legally vested in the Board of Trustees, this in no way implies that doctors have to practice in hospitals under any circumstances other than by self-government. (And in hospitals where conditions other than self-government are imposed the physicians should seek elsewhere to practice.)

7. That the Utah State Medical Association does declare that these principles and rules are basic in the conduct of medical men as they pertain to their practice in hospitals, and the Utah State Medical Association does also declare that any member who circumvents, circumscribes or abrogates these above principles and regulations or even practices under conditions which circumvent, circumscribe or abrogate these principles (without having first obtained the permission of the Medical Council of the Utah State Medical Association in writing) shall be guilty of unethical practice, and shall be subject to such disciplinary action as shall be recommended by the Professional Relations Committee and the Council of the Utah State Medical Association.

Pres. Bartlett: The applause of the Delegates substantiates those statements, and I think the resolution is worthy of careful study by a reference committee and report back to another interim meeting of this House of Delegates. I think it is that important. And insofar as the motion has been made, we will now vote on the original motion with the amendment. (Thereupon a vote was taken and Dr. Robinson's motion as amended carried.) Therefore the whole thing will be referred to a reference committee and it will be reported back to another meeting of the House of Delegates. I think it would be a rather short notice today to refer it to a reference committee. We have only a few hours to consider a thing of so much importance and it would be better to defer it to another time when more consideration can be given to this important subject, and I think it needs it.

Dr. Rumel presented the following:

RESOLUTION

Whereas, The majority of medical and surgical practice has become involved to a greater or lesser extent by industry, governmental agencies, big business concerns, hospitals and various types of insurance carriers, all of which operate upon ordinary business and legal standards; and,

Whereas, The actions of these groups are commonly detrimental to the efforts of members of the medical profession in continuing to provide for the public the highest quality of medical care which is available anywhere, particularly from a long range viewpoint; and,

Whereas, The actions of these groups are supported and furthered by the power of subterfuge, misrepresentation, or non-representation in dividing and conquering our forces; by power politics from pressure groups using various maneuvers wholly or partially fair, just and honest, with which forces the medical profession has been unable to cope; and,

Whereas, Our impotence in dealing with these problems is due primarily to our failure to provide an effective mechanism to know of changes which are being made; to evaluate the actual and potential ramifications of these changes; to adequately apprise each member of our organiation of the pertinent facts involved, and to thus effectively bring about a reasonable degree of unification of our thinking, which is tantamount to effective action; and,

Whereas, Such unification of action most certainly can be attained in a group of sane and reasonable men if a concrete, constructive program of action can be established; and,

Whereas, The establishment of such a constructive program dealing with business, legal and related problems can be effected best by an individual well versed and trained in these fields; and,

Whereas, The cost in providing such additional help would be negligible in comparison with the benefits which would accrue to the public, as well as to the medical profession:

Now, Therefore, Be It Resolved, That the President of the Utah State Medical Association appoint a committee consisting of five members to study the above problem, with particular reference to the possibility of employing a full-time legal counselor having as his sole interest the solutions of our problems as outlined above, working in conjunction with the Executive Secretary of said organization. Said committee should further give consideration to any other appropriate ways and means of coping with other pertinent problems facing our organization;

Be It Further Resolved, That this committee in conjunction with the Council of the Utah State Medical Association be empowered to act without delay in carrying out the measures which are agreed upon by the majority of the members of the two groups.

It was moved and seconded that this resolution be passed on to a committee for study, and the motion carried unanimously.

(Noon recess)

Pres. Bartlett called the House to order at 1:25 p.m., and asked for Unfinished Business.

Dr. Wallace Brooke: One of our No. 1 problems is the protection of our income and savings. Under the present tax set-up, more income means more taxes.

Now that the imminent danger of compulsory national health insurance has for the moment quieted down, one of the greatest things the national body can do is get back of proper legislation. Why should a corporation executive, because he has something in the law called an employer-employee relationship, be able to take from his income as much as $10,000, tax free, and soak it into a pension plan which he then later acquires? There is nothing equitable about that.

We as a profession don't have Social Security. We properly passed that by, as I understand, so we could get at some plan like this. And I consider it a function of this House of Delegates to instruct our A.M.A. representative to do everything possible in this way. I consider we should use this $6,000 for something. There it is and here is a program to use it for, and I can't see a better way to do it.

Dr. Castleton: I certainly agree with what Dr. Brooke has said. Many of us have felt for a long time that this so-called Reed-Keogh or Jenkins-Keogh bill would be the greatest thing that could happen to the medical profession, tax-wise. Many of us during the past year or two have sent letters and telegrams, and we have urged all the component societies to do likewise, to urge our congressional delegation to support this legislation. The administration at the onset of the present Congress announced that they were in favor of this piece of legislation.

Dr. Garner B. Meads: This morning in his discussion Dr. Rumel touched upon a subject which included what I am about to say, but a lot more, and was referred to a committee. There is a situation pending at the moment which I feel and others in this group feel demands attention now, and I put it to the House of Delegates for their action this afternoon.

Dr. Rumel mentioned that in the recent negotiations of the Kennecott Copper Corporation and the laboring people, the question came up about securing health services. One of the articles which was set forth in those agreements stated that the management and union were to cooper-

ate in negotiating fees with local doctors. The union people were given the understanding that they would be able to negotiate fees by the local medical people which would go along with the fee schedule which was set up by the insurance carriers on a service basis, that that coverage would completely cover the service which the doctor would render.

This is in violation of our Constitution and I call your attention to Chapter XIV, which states:

"Section 1. That no member of the Utah State Medical Association shall engage in any contract, written or verbal, to furnish medical services for any group or organization without that contract having been approved by a designated committee of this local medical society and the decision of that committee ratified by his local society by a majority vote, and in the event that it is so approved that this contract be submitted to the Council of the Utah State Medical Association for approval or disapproval, the criteria of their judgment to be the standards laid down by the American Medical Association as to what constitutes an ethical contract."

As I see this, it is a grave threat to our profession. If we allow insurance companies to set our fees we are giving up some of our inalienable rights that belong to the profession which we should cherish and guard very closely. On that basis I wish to offer this resolution to the House of Delegates:

RESOLUTION

Whereas, To meet public need, the Utah State Medical Association created an organization through which members of the Association desiring to participate could offer their services on a prepaid basis, thereby alleviating the financial burden, and enabling persons of small income to enjoy the services of the physician of their choice; and,

Whereas, Public acceptance of the service principle upon which the Association-sponsored plan is based has been general, and has resulted in a widespread effort on the part of commercial insurance carriers, and certain large industries, to emulate the Association's plan, and to make similar offerings to restricted groups; and,

Whereas, In furtherance of these purposes it appears that certain insurance carriers and commercial and industrial organizations are attempting, or are about to attempt, to obtain guarantees from members of the medical profession to perform service upon the basis of a fixed fee schedule:

Now, Therefore, Be It Resolved, By the House of Delegates of the Utah State Medical Association, that it is the sense of this body that to permit any third party organization not responsible to the medical profession to enter the physician-patient relationship and to set the fee for professional service is a dangerous encroachment on the free practice of medicine, and may result in a standard of professional service of a quality substantially below the high standards heretofore pertaining, and a deterioration of the quality of medical service rendered to the patient, all of which is deemed by this body to be contrary to the best interests of the public.

And Be It Further Resolved, That the principles of medical ethics of the American Medical Association relating to the contract practice of medicine are hereby reaffirmed, and that no member of the Utah State Medical Association shall dispose of his professional attainments or services under terms or conditions which permit exploitation of the services for the financial profit of a corporation or lay agency.

On motion of Dr. Meads, the above resolution was adopted.

Dr. Robinson offered the following:

RESOLUTION

Whereas, The alternate delegate to the A.M.A. should be well informed on all matters of legislation within his own state; and,

Whereas, He should also have adequate experience personally in the art of legislative functions; and,

Whereas, He may be called upon with little prior notice to act as delegate to the A.M.A.; and,

Whereas, There has been neither the dignity nor the recognition given this office which it deserves:

Now, Therefore, Be It Resolved, That the alternate delegate to the A.M.A. be made a member of the House of Delegates of the Utah State Medical Association.

And Be It Further Resolved, That the alternate delegate shall be made an ex-officio member of the Council of the Utah State Medical Association without voting privileges.

Dr. Castleton: That would involve a constitutional amendment, would it not?

Pres. Bartlett: As the Constitution is now written there is a delineation of the Council. You could put that in as a motion, Doctor, to lay on the table until next year.

Dr. Robinson: I didn't read the title of my resolution: "Resolution to amend Article V of the Constitution to make alternate delegate to A.M.A. a member of the Council of the Utah State Medical Association."

Pres. Bartlett: You make that as a recommendation to the Committee on Constitution and By-Laws?

Dr. Robinson: If that is the proper procedure, I do so, Mr. President.

Pres. Bartlett: All right. It has been moved and seconded that the resolution you have just heard be given to the Committee on Constitution and By-Laws for their consideration and to be brought up at the next meeting of the House of Delegates.

Dr. Homer E. Smith: I move to strike out the words, "without voting privileges." I see no reason why he should go to these Council meetings without any vote.

Dr. Robinson accepted the amendment, a vote was taken and Dr. Robinson's motion carried unanimously.

Dr. Nebeker: This resolution is a result of my report on the Medical Defense Committee as chairman of the committee:

RESOLUTION

Whereas, There has been a marked increase in suits of malpractice against physicians of Utah; and,

Whereas, Settlements and judgments of large sums have been obtained in certain malpractice suits; and,

Whereas, As a result of the above-mentioned malpractice suits and judgments, each physician in Utah has had a premium increase for malpractice coverage; and,

Whereas, Certain of these suits have been without foundation, resulting in damages to the physician:

Now, Therefore, Be It Resolved, That the House of Delegates of the Utah State Medical Association in session September 8, 1954, herewith directs the Council to appoint a standing committee to investigate and implement the following procedure:

(a) Establishment of a fund for co-malpractice insurance;
(b) Where the physician has been judged not guilty of malpractice, entrance of a countersuit for malicious prosecution, using the established funds to defray expenses;
(c) Publishing in the Bulletin of the names of the plaintiff and his attorney in each case where the Utah State Medico-Legal Advisory Committee fails to find cause of action in malpractice.

Be It Further Resolved, That the committee be required to report periodically to the Council for further action on this resolution.

The above resolution was adopted.

Dr. Callister: There has been some advocacy of a movement for charging each other for professional services. I think we have lost a lot of our sovereignty in the medical profession in various ways. I consider this proposal further degredation. To me it has always been flattery, a compliment, to be asked to render medical services to any physician or his immediate family without charge. It has been one of our traditions, you might say almost coming down from Hippocrates.

It is proposed in the bulletin, I think, put out by Blue Shield and Blue Cross, that when the hospitals no longer would give physicians free hospitalization, that is, its staff men and their families, at a discount, they propose you sub-

scribe to Blue Shield to recompense you in some way for services you might render to some physician or his immediate family.

Most of us have gone on rendering services. We have rendered it to the physician's widow if he died, and his dependents. This is one of the oldest and most sacred and honorable traditions we have. I resent burying that tradition.

I would like to introduce a resolution to this effect: That it is the sense of this House of Delegates and the recommendation to the profession at large in the State of Utah that we do not depart from this time-honored tradition, that we do not charge for professional services rendered to any physician, his wife, or any of his dependent children.

Pres. Bartlett: There are two parts to this question. One concerned the hospitals giving gratuitous service to doctors. In our town, for instance, the gratuitous service to doctors amounted to between three and five thousand dollars each year to each hospital; and they feel that the burden is rather heavy. There is a motion before the House.

Dr. J. Eldon Dorman: One of my greatest sources of embarrassment is how to pay a physician who has done my family a service. I agree with Dr. Callister wholeheartedly, but it is a source of embarrassment—maybe I have more illness in my family.

The motion made by Dr. Callister was seconded.

Dr. Seager: Didn't the Council discuss this and accept the Blue Shield policy of all doctors subscribing to Blue Shield themselves?

Pres. Bartlett: Yes, that is true.

Dr. Clayton: I am President of the Blue Shield Board. This is not a layman's idea. The original Blue Shield contract was sold to doctors before that idea came into it. I have never charged a doctor or his family or his parents since I have been practicing; but I have carried Blue Shield since the policy was available to us. And if a doctor does a service for me, I tell him that I have Blue Shield and that he can collect it.

Thereupon a vote was taken and Dr. Callister's motion carried unanimously.

Dr. Davis: Dr. Rumel this morning made some reference to governmental agencies in regard to the crippled children's program in the state, and I think I would like to clarify this question. I haven't talked to Ray about it and I am sure that he probably had heard that up to a certain age most of our crippled children were being referred to the Shrine Hospital and the Primary Hospital; and this was being done because we had to carry on above a certain age limit, above 14, in some cases that were already being taken care of. And because of cuts in federal money and also cuts in the State budget, were it not for this we would have had to abandon almost altogether any new patients coming on our crippled children's program.

The House of Delegates and the State Association can be of considerable value to the State Board of Health in trying to get the Legislature to reinstate not only some of the state cuts, but also see if we can get enough to make up for some of the loss in federal funds that we have had.

I wish to make that statement to clarify this problem as not being a policy of the State Board of Health to divert these patients to these two institutions, but rather if we are going to carry on the program at all—and we feel that we do have to have some program—we had to do this because of financial restriction.

Pres. Bartlett: We will proceed to the reports of the reference committees, and I will ask Dr. Daines, Chairman of Reference Committee No. 1, for his report.

Dr. W. P. Daines: The first report to be considered is the report of the Editor of the Rocky Mountain Medical Journal. Certainly there is nothing controversial about this report and I would like to move it be accepted. (Dr. Daines' motion was seconded and carried unanimously.)

Dr. Daines: Next is the report of the Committee on Medical Education and Hospitals. This was reviewed and it was the recommendation of the Committee that it be accepted. (Seconded and carried unanimously.)

Dr. Daines: I move the adoption of the report of Reference Committee No. 1 as a whole. (Seconded and carried unanimously.)

Pres. Bartlett asked Dr. Riley G. Clark, Chairman of Reference Committee No. 2, to report.

Dr. Riley G. Clark: The Committee has reviewed the following reports and recommends their acceptance by the House of Delegates: The report of the Committee on Insurance Plans; the report of the Tuberculosis and Cardio-vascular Disease Committee; the report of the Necrology Committee; the report of the Rural Health Committee; the report of the Veterans Affairs Committee; and the report of the Delegates to the A.M.A. We recommend these reports be accepted without comment. (Seconded and carried unanimously.)

Dr. Clark: I will read an excerpt from a letter written to the State Society by the A.M.A.:

"In 1951 the A.M.A. through its Councils on Pharmacy Chemistry and on Foods and Nutrition, reached the following conclusion with respect to fluoridation: Fluoridation of public water supplies in a concentration not exceeding one part per million is nontoxic and its principle is endorsed. The House of Delegates of the A.M.A. went a step further in endorsing the principle of fluoridation, but did not urge or recommend that any communities undertake to fluoridate their water supplies. The position of the Association has not changed since that time."

It is the recommendation of this Reference Committee that this House of Delegates go on record as endorsing the principle of fluoridation of water. (Seconded and carried unanimously.)

Dr. Clark: We recommend the acceptance of the report of the Committee on Mental Health and specifically wish to bring to the attention of the House the recommendation of this committee:

(1) That the Utah State Medical Association take appropriate action to see that the psychiatrists be adequately reimbursed for examinations for commitment proceedings.

It seems that in the past the psychiatrists and men doing this commitment work have not been paid on occasions for their work on commitment proceedings, or they have been paid the fees the court wishes to hand out. In other words, it is not a uniform fee, and the Committee suggested that a uniform fee be established. The Committee recommends that this be referred to the Fee Schedule Committee. (Seconded.)

Dr. Homer E. Smith: I should like to amend that to read: "And further, the matter be referred to the Legislative Committee should no recourse for handling the subject be open to the Fee Schedule Committee"—because there may be no way they can handle it. (Seconded.)

Dr. Smith's amendment carried unanimously. Thereupon a vote was taken on Dr. Clark's motion as amended, and the amended motion carried unanimously.

Dr. Clark: Secondly a set of regulations for hospitals other than the Utah State Hospial admitting mental patients has been submitted and

the Reference Committee recommends that the Utah State Medical Association go on record as accepting these regulations. (Thereupon a vote was taken and the motion carried unanimously.)

Dr. Clark: The third point: The reference Committee recommends that the suggestion of the Committee on Mental Health to take on the work of alcoholism instead of forming a subcommittee on Alcoholism as suggested by the A.M.A. be accepted. (Seconded and carried unanimously.)

Dr. Clark: It is customary to pay respect to the members of our Society who have passed away during the year. I propose that we rise and remain silent for one-half minute in memory of the following doctors who passed away the past year.

Dr. A. L. Brown
Dr. John W. Aird
Dr. N. P. Paulson
Dr. Benjamin F. Robison
Dr. Charles C. R. Pugmire
Dr. C. L. Piper
Dr. John R. Anderson
Dr. T. F. H. Morton
Dr. Edward S. Pomeroy
Dr. Edwin R. Murphy
Dr. Ralph T. Richards
Dr. Sol G. Kahn

The members observed a period of silence.

Dr. Homer E. Smith: I move that the Council be directed to write the officials of the Utah State Prison and inform them of our awareness and appreciation for their enthusiastic support and sincere cooperation in their relations with the committee and visiting consultants. (Seconded and carried unanimously.)

Pres. Bartlett called for the report of Reference Committee No. 3, Dr. Peltzer, Chairman.

Dr. Peltzer: The Committee wishes to strongly recommend some consideration and discussion by the House of Delegates regarding the favorable or unfavorable public relations effect of the forum programs presented by the combined efforts of the Utah State Medical Association and the Tribune-Telegram. It was the unanimous opinion of the Reference Committee that this had a favorable public relations effect. If there is any other opinion on the matter, I think we should all know it before we get into another similar series of programs. (Seconded and carried unanimously.)

Dr. Peltzer: The Reference Committee further recommends a resolution from the House of Delegates of the Utah State Medical Association to the Utah State Legislature that they, in turn, pass a resolution and forward it to the United States Congress with recommendations that reaffirm our position to the effect that utilization of Veterans Hospital facilities be limited to service-connected disabilities only.

The Reference Committee further recommends a resolution as follows, to be forwarded to the Utah Legislature pointing out the need for a Medical Building, and that this facility should be placed high on the list of priority. This action was also previously passed by the House of Delegates and forwarded to the State Legislature without apparent favorable action. The resolution is as follows:

Whereas, A study by the Medical Association shows that the present Medical School Building was erected in 1916 and has been in continuous use since that time; and,

Whereas, Classrooms and teaching laboratories are excessively crowded for teaching modern medicine; and,

Whereas, Existing laboratories and classrooms were designed for classes of approximately half the present number; and,

Whereas, The educational programs of the college are located in several buildings, indicating the desirability of concentrating the teaching program in one adequate facility; and,

Whereas, The College of Medicine of the University of Utah has repeatedly demonstrated its worth to all the people of Utah through its health and educational programs which have resulted in marked benefits to all the people of our state; and,

Whereas, The Board of Regents and President A. Ray Olpin have established the construction of a new Medical School building as the next building priority:

Now, Therefore, Be It Resolved, That the Utah State Medical Association shall join with the Board of Regents to assure that the funds for a new Medical School building be made available at the next session of the Legislature;

And Be It Further Resolved, That this resolution be distributed to members of the Board of Regents of the University of Utah, the President of the University of Utah, and to members of the Legislature of the State of Utah.

The resolution was adopted unanimously.

Dr. Peltzer: It is recommended that the Planning Committee report be approved with the following amendments:

No. 1. It is recommended that attempts to renovate the present facilities of the Utah State Medical Association be abandoned and that efforts for adequate housing and facilities be directed towards the provision of other and more adequate physical plant in anticipation of the further growth of the Association.

No. 2. As regards personnel, it is recommended that this be approved and that the services of an Assistant Executive Secretary be obtained.

No. 3. The recommendation as pertains to further office assistance is approved as written.

No. 4. It is also recommended that the replacements of inadequate filing and other facilities be made.

Nos. 5 and 6 are approved as written.

No. 7. It is recommended that the new Committee evaluate the utilization of the Rocky Mountain Medical Conferences by the members of this Association with the intent that our present subsidization be discontinued unless proof can be offered as to the value of these conferences to members of our Association.

No. 8 is approved as written.

Dr. Clayton: In the first place, the present headquarters are not owned by the State Medical Association but by Blue Shield. Blue Shield already has in mind that it needs larger quarters. A Building Committee has been appointed also by Blue Cross, since they run a joint operation, and I think the Utah State Medical Association is part of our planning. The Committee has been agreeable to cooperating with the idea of perhaps an overall medical building to house these medical organizations.

Pres. Bartlett: The Planning Committee has had conferences on this. The subject of a new building has been brought up and we expect to get in conference with the other medical groups in the State and to feel out their ideas and their positions, and also to plumb the depth of our financial possibilities and our growth before any decision is made. But the Planning Committee is in the process of anticipating this sort of thing. I would suggest that the Planning Committee is capable of doing this, that it is a good Committee, and they be allowed to come up at a future date with some plans to present to us.

Dr. Homer E. Smith: This brings up a problem. The Utah State Medical Association is desirous of having a building, the Blue Shield is, of course, and so is the Blue Cross. Who should own the building and just what should the building be named? It seems to me that Blue Shield is subservient to the Utah State Medical Association; after all, we are the Blue Shield organization. I think that we should have a Utah State Medical Association building and it should be so named, and that the functions of the Blue Cross and the Blue Shield should be housed in such a building. I don't think that it would be wise particularly for the Blue Shield or Blue Cross to have a big,

fine, expensive building named after them so the people will say, "That's where all the premiums go." It should be a State Association building for the prestige it might bring the Association. I would like to hear what the delegates have to say. I would like to hear what you think it should be named, how it should be managed, whose building it should be.

Dr. Quinn Whiting: It seems to me this group is not qualified to make a decision on the recommendation of Dr. Peltzer. We don't know our financial status; we don't know if we have enough money to pay for new help or building a new building. I propose that this recommendation be referred to the proper committee and eventually be ruled on by the Council, rather than trying to arrive at some solution here. (Seconded and carried unanimously.)

Pres. Bartlett: The matter of the Assistant Executive Secretary is included in your idea of the motion and would be left to the Planning Committee; is that right?

Dr. Whiting: I don't feel that we are able to decide here whether we can afford it or whether we need it. I don't feel that the Committee which recommended it has adequately studied the situation to know whether we need an Assistant Executive Secretary. Perhaps we do. But I don't feel that we are capable of deciding on the matter here.

Dr. Homer E. Smith: It was about February of this year that we conceived the idea that the State Association should have a Planning Committee to project itself at least ten years ahead. Many of these recommendations are not to be forthcoming in the next year or so; but we are anticipating the need of an assistant to the Secretary; we can see how things are growing in the office and the complexities that are arising in handling the affairs of the Association. So this report is really just laying down the groundwork of what is yet to come; and I think each of these paragraphs is going to need a tremendous amount more of study and work on the part of the Committee.

We numbered among our discussions this Rocky Mountain Medical Conference, as to whether our Committee should make that study or whether the Rocky Mountain Medical Conference Continuing Committee should make that study. I think Dr. Peltzer's suggestion is well put. There is one thing I would like to say while I am still here. We mentioned that the retiring President should be given a gift and an appropriate plaque, and that past Presidents should be given an appropriate plaque. Also the Committee members feel it wouldn't be a bad idea for us to have a pin for the members who have been in practice for 25 or 30 years—the length of time could be determined by the Committee or by the House of Delegates or by the Council—and that doctors who have been in practice for a considerable length of time should be given somewhat more recognition than in the past.

Dr. Peltzer: As we understood it in the Reference Committee, each year our Association subsidizes the Rocky Mountain Medical Conference for a sizable sum of money. There is a question among the Planning Committee members as to how widely these conferences were attended by members of our Association and the value they represented to our Association or the members thereof. Therefore, before proceeding further to subsidize this program, we felt it deserved some critical study.

Mr. Bowman: We haven't been called upon to subsidize the Rocky Mountain Medical Conference for a number of years. Last year when we held it here we made a profit of roughly $700, which was turned over to the Rocky Mountain Medical Conference. The Rocky Mountain Medical Conference has now progressed to New Mexico, where the meeting will be held in 1955. I turned over as Executive Secretary of the Rocky Mountain Medical Conference, to the Executive Secretary of New Mexico, roughly $3,-200, which they have in their treasury now, which has been accumulated from past operations. Mr. Sethman will bear me out that at one time Colorado contributed a couple of thousand dollars to the Rocky Mountain Medical Conference. There is no threat of any assessment until of course that $3,200 is used up, which we own one-fifth of.

Pres. Bartlett called on Mr. Harvey Sethman, Executive Secretary of the Colorado Medical Socity.

Mr. Sethman: The remarks that Mr. Bowman has made are quite accurate. The Conference was originated jointly by Utah, Wyoming, and Colorado. Colorado subsidized the first meeting, which operated at a profit. Colorado donated that profit for the continuance of the Conference, about $3,000. The Second Conference was held in Salt Lake City in 1939. That Conference lost a few hundred dollars, which was made up from the reserve. The third one broke even, in Albuquerque. The fourth one, in Montana, lost money heavily due to a hotel strike that virtually cancelled the Conference. The next one in Colorado again made a handsome profit and also made up all the losses of the Montana meeting.

When it was transferred again to Utah four years ago, some two-thousand-odd dollars was turned over to Mr. Tibbals, later to Mr. Bowman —as the backlog to finance the operation of the Conference. Your Conference here last year did make a little profit. Your Society like Colorado's established a policy that when the Conference made a profit, it would not be considered the property of the host state but rather be added to the backlog.

It was in your policy—and this is perhaps what your Reference Committee had in mind—as it has been in Colorado's, that if the Conference at any time undergoes a heavy loss, the five participating states would make up that loss in proportion to their membership. Colorado would make up about half, you would make up a fourth, and the other fourth would be distributed between Wyoming, Montana, and New Mexico. That has never happened and I don't believe we need to anticipate its happening. New Mexico believes they can operate the Conference on a break-even basis, and possibly with a little profit.

Pres. Bartlett: Back to the original motion of Dr. Peltzer, to evaluate this Rocky Mountain Medical Conference as a part of the program of the Planning Committee. (Dr. Peltzer's motion carried unanimously.)

Pres. Bartlett called for the report of Reference Committee No. 4.

Dr. Brooke: Our Committee reports first on the Committee on the Constitution and By-Laws. In skimming this rather huge committee report, I think you will be a little abashed, except by rereading it three or four times. The report of the Committee on Constitution and By-Laws recommends certain changes. They are numerous, so we comment only briefly on them and recommend that the House of Delegates approve this committee report.

Pres. Bartlett: It has been moved and seconded that we accept those two changes recommended by the Reference Committe, adding to the House of Delegates the Immediate Past President and the Alternate Delegate to the A.M.A.. (Dr. Brooke's motion carried unanimously.)

Dr. Brooke: The next report is that of the Medical Defense Committee. The Committee recommends the adoption of this report. You previously adopted Dr. Nebeker's resolution setting up a committee that will carry on and supplement this. (Seconded and carried unanimously.)

Dr. Homer E. Smith: On behalf of the Council I have some more specific recommendations on the report of the Medical Defense Committee.

I move that a copy of this Committee's report be mailed to each member of the Utah State Medical Association, and that such copy be stamped in red letters both on the envelope and first page letterhead, the word, "Important—Please read."

I have another motion and I might combine the two. I move that Dr. Nebeker submit to the Council specific recommendations as to the composition of the future Medical Defense Committee. (Dr. Smith's motion was seconded and carried unanimously.)

Dr. Brooke: The report of the Industrial Health Committee was written by Dr. Winget as Chairman, and represents a summation of a lot of work and meetings. We recommend it in the form in which it was submitted. It recommends that future State Association annual meetings include at least one speaker on industrial health. It recommends we accept the recommendations of the A.M.A. Council on Industrial Health by adopting their brochure entitled, "Guiding Principles for the Physician in Occupational Health." (Dr. Brooke's motion was seconded and carried unanimously.)

Dr. Brooke: The last report is the report of the Fee Scheduie Committee. It is the consensus of our Committee that we accept Dr. Rumel's report and call for comment by him and others if you wish, because this is obviously one of the most controversial of the committee reports. (Dr. Brooke's motion was seconded and carried unanimously.)

Dr. Castleton: I do think that this report should not pass without some comment. It is an extremely important one and the Committee deserves an enormous amount of credit for this monumental job. I have read this report carefully. By and large I think it represents a moderate increase in fees, which I think is perfectly justified in the face of rising costs of living and rising expenses. However, I do feel that we should also interject a note of warning regarding some of the larger fees.

I personally view this report with mixed feelings, particularly respecting some of the larger fees in the field of general surgery. I don't feel qualified to speak about some of the other surgical specialties. But I am sure there are many fees in the field of general surgery which to my way of thinking are too high. They are certainly higher than I charge. Maybe I don't charge enough, I don't know, but certainly we should be extremely careful, particularly at a time like this, to charge fees which are perfectly fair to the patients.

We at present are on the spot professionally. We are subject to a great deal of criticism by everybody, the public, the labor unions, the American Legion, the press, the insurance carriers; and I feel that we have a great moral obligation to provide the best medical care we can to the people at a price they can afford to pay. I think we should adjust our fee proportionately for people who do not have insurance so that we do not create an undue hardship on them. For those that do have insurance I think we should also be considerate in order to prevent the endless spiral of premium increases which have been going on.

But we should remember that although some of these items, to my way of thinking, are too high, I don't feel that we should try to charge these fees in all cases. If someone can afford to pay a fee as outlined, that is perfectly all right; but certainly we should adjust our fee in accordance with the ability of the patient to pay. Otherwise I feel that this may do us a great deal of harm public relations-wise. (Applause.)

Dr. Rumel: I agree with Ken completely in his statements, but I think that here and now is an excellent place and time to start an educational campaign which should involve us as doctors first.

In this report perhaps it is not made clear, but in the preface of the fee schedule it will be stated very clearly that in dealing with the public in the past we have always based our charges according to so-called professional standards. That means we do precisely what Ken said we should do. And we pointed out strongly that this policy should continue when dealing with individuals on a private professional basis.

Election of Officers

Pres. Bartlett: If there is no other business the Chair is now open for nominations for a President-Elect.

Dr. Edmunds: The man I want to nominate as President-Elect needs no introduction to you. I would like to nominate a man who is now a member of the Council, has had long experience in the Medical Association, a past Dean of the Medical School, and life-long friend of myself: Dr. R. O. Porter.

Pres. Bartlett: Are there further nominations? (There were none.)

Dr. Robinson moved that the rules be suspended and that Dr. Porter be elected unanimously as President-Elect. (Seconded by Dr. Foster and carried unanimously.)

Nominations were then opened for Treasurer.

Dr. James R. Miller: In order to promote continuity of the Council and infusion of new blood, I would like to nominate Dr. Alan Macfarlane as Treasurer. (There were no further nominations for Treasurer and on motion by Dr. Johnston the rules were suspended and Dr. Macfarlane was elected by acclamation.)

Pres. Bartlett: Nominations are now open for Honorary President.

Dr. Malouf: I nominate Dr. J. G. McQuarrie of Richfield, Utah, for that position. (There were no further nominations.)

Dr. Callister: I move the rules be suspended and the Executive Secretary be instructed to cast the ballot of the House of Delegates for Dr. McQuarrie as Honorary President. (Seconded and carried unanimously.)

Pres. Bartlett: Next is the member of the Rocky Mountain Medical Conference Continuing Committee, Dr. R. P. Middleton, retiring. We have one nomination, Dr. R. P. Middleton. Are there any further nominations? (There were none.)

Dr. Robinson: I move the rules be suspended and the Secretary cast the unanimous ballot for for Dr. Middleton. (Seconded and carried.)

Pres. Bartlett: I am sure Dr. Middleton deserves the thanks of the Society for the good work he has done. (Applause.)

Dr. Robinson: I propose a resolution that we thank very sincerely the retiring officers for the commendable work that they have done and the committees who have done such an arduous job in going over all these reports and making their recommendations, and also Dr. Fister, our A.M.A. Delegate. I know it is a great and tiring job to sit through all those sessions of the House of Delegates, and only one who is particularly devoted to the cause does it well. I move the adoption of this resolution. (Seconded and carried unanimously, with applause.)

Dr. Homer E. Smith: On behalf of the Utah State Medical Association, Mr. President, I take great pleasure in presenting you this token expressing our thanks for the wonderful job that you have done as our President during this past year. (Hands package to Pres. Bartlett and delegates stand and applaud.)

Pres. Bartlett: I thank you gentlemen from the bottom of my heart. It is now my great pleasure to actually turn over the gavel to your next President, a man that I have a great deal of respect for, whose integrity cannot be questioned, who has a great head on him, and is very frank in his dealings with people—I now give you Dr. Ruggeri as your next President. Dr. Ruggeri. (Delegates stand and applaud.)

Pres. Ruggeri: Thank you, Dr. Bartlett.

(At this point Dr. Ruggeri delivered his Presidential Address, which was published in full in the October, 1954, issue of the Rocky Mountain Medical Journal.)

President Ruggeri then called on Mr. Sethman.

Mr. Sethman: It is always an honor and a pleasure to visit your meetings. And to one in my position, which corresponds to that of Mr. Bowman, as simply the chief employee of a State Medical Association and not a doctor myself, it is always an honor to be asked to address any medical gathering.

Earlier Dr. Bartlett said he would like to have me report in more detail concerning the status of our mutual Journal. I will read a paragraph or two from a letter that was prepared after some eight months of study of all production problems of our Journal. This was prepared by the Board of Trustees of the Colorado State Medical Society:

"We are sure you will recall correspondence last fall and winter indicating that officers of this Society were worried about the finances of our mutual Rocky Mountain Medical Journal. At that time the Board of Trustees of this Society began a thorough study of the Journal's financial set-up and promised to report to you when the study was concluded.

"We are happy to report, now, and assure you officially that our Journal is in excellent financial condition. Actually, the studies have indicated that the Journal was in sound financial condition even at the time some of us feared it was not."

And they go on into an explanation of a survey that was conducted, headed by Mr. Gilbert S. Cooper of the A.M.A., one of the nation's outstanding publication experts. Following comment on his survey, the letter states:

"To carry out the spirit as well as the letter of the detailed recommendations in his survey, our Board of Trustees through its Personnel Committee conducted an additional four-months study to determine just how much of our State Society's staff time is necessarily consumed by the monthly preparation and publication of the Journal. This study confirmed what the Cooper survey predicted would be found, namely, that not more than 25 per cent of the gross income of the Journal from all sources should be set aside for overhead expenses and reserve, the remaining 75 per cent gross income being devoted entirely to mechanical production, i.e., actual printing and mailing costs."

This will allow the Journal more expansion than it has had in the last two or three years. It is going to allow the Journal about $1,400 more for printing and mailing next year than it had the year just closed, based on advertising, which is increasing.

As Dr. Bartlett said, the Journal will have added approximately a thousand dollars to its surplus this year, and as stated in this letter: "This Reserve Fund will be used only for the purpose of the Journal and will not accrue as any 'profit' to the Colorado State Medical Society or any other organization or person. It is our hope that within a few years the Journal's Reserve Fund may reach $5,000, and that it should never exceed $7,000 . . ." That Reserve Fund will be held against any 'rainy day' whenever it might arise that advertising would drop and yet we did not want to decrease the size of the Journal. The letter also states:

"We are convinced that the current subscription rate of $2.50 per year for each dues-paying member of our five state medical societies is sufficient and need not be increased. We are rather proud of this, in view of the fact that almost every other publication known to us has more than doubled its subscribtion price since World War II while ours has remained the same since 1926."

Pres. Ruggeri: It is always a pleasure, Mr. Sethman, to have you visit our meetings, and it ought to kind of gladden your heart to have heard the unanimous consent of the House of Delegates on adopting the outstanding report that Dr. Middleton wrote regarding the Rocky Mountain Medical Journal.

The next Order of Business will be the selection of a meeting place for the 1955 meeting. What is your pleasure?

Dr. Robert Snow: In view of the fact that the President of the State Medical Association for this coming year is from Salt Lake County, I move that the meeting be held in Salt Lake City, next September, the exact date and place to be set by the Council. (Dr. Snow's motion carried unanimously.)

Pres. Ruggeri: Is there any other business to come before the meeting before we adjourn? (No response.) If not, I want to thank Dr. Bartlett and the Council. They have done an able job in your interest. And I bespeak your support for the present officers. We cannot do it all, the work is growing tremendously. We need your help, so we solicit that help.

Dr. Robinson: Just one word of appreciation to Harold Bowman. I think Harold has done an excellent job. He has been very cooperative with all our various organizations in medicine, to help us in our programs; and I am sure we have appreciated very much his valuable service. (Applause.)

Mr. Bowman: Thank you.

The House then adjourned at 4:45 p.m.

COUNTY MEDICAL SOCIETIES IN UTAH

Cache Valley

President: G. S. Francis, Wellsville.

Vice President: R. L. Smith, Preston, Idaho.

Secretary-Treasurer: R. E. Skabelund, Lewiston.

Councilor: R. O. Porter, Logan.

Carbon County

President: Orson B. Spencer, Price.

Vice President: Mark B. Jensen, Castle Gate

Secretary-Treasurer: B. Kent Wilson, Price.

Councilor: J. Eldon Dorman, Price.

Central Utah
President: G. S. Rees, Gunnison.
Vice President: J. B. Cluff, Richfield.
Secretary-Treasurer: K. L. Jenkins, Marysvale
Councilor: R. N. Malouf, Richfield.

Southern Utah
President: L. W. Sorenson, Parowan.
Vice President: Dean C. Evans, Fillmore.
Secretary-Treasurer: M. K. McGregor, St. George.
Councilor: R. G. Williams, Cedar City.

Uintah Basin
President: John E. Smith, Duchesne.
Vice President: Jane S. Fowler, Vernal.
Secretary-Treasurer: R. E. Spendlove, Vernal.
Councilor: T. R. Seager, Vernal.

Utah County
President: Riley G. Clark, Provo.
President-Elect: Glen B. Orton, Springville.
Secretary-Treasurer: E. Wayne Alred, Orem.
Councilor: D. E. Ostler, Provo.

Weber County
President: R. N. Hirst, Ogden.
Vice President: J. H. Rasmussen, Brigham City.
Secretary: Dean F. Nelson, Ogden.
Treasurer: Roger Brown, Ogden.
Councilor: Rich Johnston, Ogden.

Salt Lake County
President: R. W. Sonntag, Salt Lake City.
President-Elect: Wallace S. Brooke, Salt Lake City.
Secretary: William H. Bennion, Salt Lake City.
Treasurer: Edward R. McKay. Salt Lake City.
Councilor: James F. Orme, Salt Lake City.

DEAN JAGGER STARS IN DOCTOR STORY ON ABC-TV

Pathos, humor and hope—these are the emotions reflected in a twenty-four-hour period in the life of Dr. Ben Collins as dramatized in "The Doctor" on the "Cavalcade of America" program Tuesday, December 7, over the ABC television network.

Of special interest to all physicians is the fact that this well-written script presents a true picture of the role of the typical general practitioner in safeguarding health in communities across the nation.

Starring Hollywood actor Dean Jagger, the story traces Dr. Collins' day beginning before dawn when he is awakened by a call from a hypochondriac wishing a vitamin shot . . . followed by an urgent message to attend a young soldier who has collapsed while passing through the city en route to his home . . . and, in a surprise ending, brings a note of hope for the future of the human race which this typical doctor is serving so well.

Doctors are urged to watch for this outstanding television program and to call it to the attention of their patients. Check local newspapers for date and time of the "Cavalcade of America" show in your area.

ABSTRACT OF MINUTES* HOUSE OF DELEGATES OF THE COLORADO STATE MEDICAL SOCIETY

Eighty-fourth Annual Session
September 21, 22, 23, 24, 1954
Broadmoor Hotel
Colorado Springs, Colorado

FIRST MEETING
Tuesday, September 21, 1954

(This and all subsequent meetings of the House were held in Southeastmoor Basement, Broadmoor Hotel.)

Vice Speaker Dr. John A. Weaver, Jr., of Greeley, called the House to order at 10 a.m., and recognized Dr. James M. Perkins, Chairman of the Committee on Constitution, By-Laws and Credentials.

Dr. Perkins presented the Committee's Report as printed in the House of Delegates' Handbook and supplemented it by recommending that Dr. Robert C. Lewis be seated for Garfield County, due to the absence of both Drs. Virgil Gould and Robert Livingston; also that Dr. John Lundgren, Northeast Colorado, be seated, due to the absence of Drs. Edgar A. Elliff and Lloyd Anderson.

Sixty-three accredited delegates (more than a quorum) answered the original roll call.

On motion the reports of the Credentials Committee were adopted.

On additional report by Dr. Perkins, Dr. Erwin Wenz was seated as a substitute delegate, due to the absence of both Drs. Charles Mason and Edward G. Merritt, of the San Juan Basin Society.

Address of Speaker

Speaker Eugene B. Ley, Pueblo, addressed the House briefly on procedural matters.

Vice Speaker Weaver then turned the chair over to the Speaker, Dr. Ley; and they alternated in presiding the remainder of the sessions.

On motion regularly seconded and adopted without dissent, the Minutes of the Eighty-third Annual Session of the House were adopted without correction as published in the December, 1953, issue of the Rocky Mountain Medical Journal.

Reference Committees for 1954 were revised by Speaker Ley to replace absentees and he announced that it is noted at the beginning of each report in the Handbook which Reference Committee is to receive that particular report.

*Condensed from the shorthand and sound recorded record of H. E. Dennis, Certified Shorthand Reporter. Reports referred to but not reproduced herein were distributed to all members of the House of Delegates in advance of the Annual Session in the printed "House of Delegates Handbook" or were distributed to all members of the House in mimeographed form. Copies of all such reports are on file in the Executive Office of the Society, available for study by any member of the Society.

Reports of Board of Trustees

Chairman Irvin E. Hendryson, Denver, presented the Annual Report of the Board of Trustees as printed in the Handbook. He also submitted a mimeographed supplemental report of the Board transmitting the Organization Study Committee's Report and the Annual Audit.

Upon request of Chairman Hendryson, Dr. William Liggett, Chairman of the Building Committee, submitted the following Supplemental Report of the Board of Trustees:

Report of Building Committee

At the Annual Session of the House of Delegates in September, 1953, the Board of Trustees was authorized to study the possibilities and feasibility of constructing an office building to house the Executive Offices of the Society, and if such a project proved feasible, to proceed with construction.

Early in the fiscal year the Board appointed a Building Committee to carry out the necessary studies and make its recommendations to the Board. In working with the architect who designed the Medical Library for the Denver County Medical Society, the Committee has drawn up plans for a building, which, on the basis of architect's best estimates, can be constructed for approximately $46,500. The proposed building as designed by the architect, will provide the Society office with four times its present space, which currently is barely adequate. The construction is such that under the present plan the activities of the Society can keep pace with the Society's growth for approximately twenty-five years with ample provisions in the design of the building for expansion in the future, should additional space become desirable or necessary.

The Board of Trustees and its Finance Committee are of the opinion that the building can be constructed with funds currently in the Treasury and available without dangerously depleting the Society's reserve and without the necessity of either borrowing money or a special assessment on the membership. It is the opinion of the Building Committee that the building can be maintained and operated for approximately the current rent which the Society is paying for its present inadequate space in the Republic Building.

The Board, through its Building Committee, has been negotiating with the Board of Directors of Presbyterian Hospital to procure a site on the hospital grounds on a ninety-nine year lease basis for the construction of the proposed building. Unfortunately, the final negotiations for the site have not been completed but the Board has been assured by Mr. Aksel Neilsen, Chairman of the Presbyterian Hospital Board, that both he and his board want the Medical Society to build on the grounds and that he is certain that an allocation of land will be made by his Board in the immediate future. He was unable to make a definite commitment, lacking final action by his Board based on land utilization studies which are now in progress. He gave personal assurance that final action would be taken shortly and that the Society could proceed with its plans with 99 per cent assurance of the full cooperation of the Presbyterian Hospital Board.

On the basis of the above studies, and tentative commitments, your Board of Trustees recommends to the House of Delegates that they authorize construction of an office building contingent on final procurement of a site on Presbyterian Hospital property to cost approximately $46,500, and that the Board proceed with final arrangements for such construction as expeditiously as possible.

Speaker Ley referred all the reports and the supplements to the Reference Committee on Board of Trustees and Executive Office.

The Speaker reminded all delegates and all members of the Society about the privilege to present their views before any Reference Committee of the House.

Chairman Hendryson of the Trustees then presented the following nominations for Certificates of Service, and that proposed for Rex G. Howell was confirmed unanimously by the House:

Nominations for Certificates of Service

REX G. HOWELL
Grand Junction
Public Benefactor in Radio Education

Mr. Howell pioneered radio broadcasting on Colorado's Western Slope in 1930 when he moved his Station KFXJ from Edgewater to Grand Junction. Since that time he has grasped every opportunity to render public service to his community and to Western Colorado. He has either led or has been one of the strongest supporters of every local campaign for the betterment of public health, for improved recreational activities, for public education and progressive youth programs, for cultural expansion and for complete law enforcement. He attained national recognition as a leading advocate of the right of radio stations to express editorial opinions for the public good under the principle of free speech and free press, a principle now accepted by the government after a long and strenuous contest. Recently he again pioneered by establishing Western Colorado's first television station, dedicating it to the same public service that has characterized his life and his radio station for a quarter century. In the opinion of your Board of Trustees, Rex G. Howell merits a Certificate of Service from The Colorado State Medical Society.

JANE WOODHOUSE, LL.B.
Denver
Tireless Worker for Mental Health

Miss Woodhouse has been Assistant City Attorney of the City and County of Denver for the past four years in charge of mental cases and has earned the gratitude of both her city and her state by her public service and tireless advocacy of forward-looking programs for the improvement of mental health. She was instrumental in organizing the Colorado Association for Mental Health, finally succeeding in spite of public apathy and becoming the first President of that state-wide organization. She has given freely of her time, her energy, and her outstanding legal abilities toward modernization of Colorado's laws for commitment of the insane and the laws regulating state institutions for the mentally ill. This work, still short of complete fruition, will some day stand as a monument to her and to her medical and legal co-workers. Your Board of Trustees joins The Colorado Neuropsychiatric Society in the opinion that Jane Woodhouse merits a Certificate of Service from The Colorado State Medical Society,

The House voted to refer the nomination of Jane Woodhouse, with a letter from the Neuropsychiatric Society, to the Reference Committee on Board of Trustees and Executive Office for consideration.

Annual Reports of the Board of Councilors and the Board of Supervisors were presented as printed in the Handbook, and were referred to Reference Committees.

Report of the President

President Bonham addressed the House as follows:

What I should like to say first to you who are assembled for the 84th Annual Session of our State Medical Society is a very pleasant thing for me to say. As you know, this Society has made great strides during the past quarter of a century and many times initiating various steps of action for the advancement of the practice of medicine and improvement of our relations with the public with which we deal. During those 25 years there have been 25 individual administrations by as many Presidents. On June 1st of this year the 25th anniversary of our Society's employment of an Executive Secretary was observed and in that observance we recognized that here in this man's service was much of the continuity which allowed our phenomenal growth and expansion locally, regionally, and nationally. For all of this we are most grateful.

An appropriate gift was authorized by your Board of Trustees in your behalf and this gift was presented at the June meeting of the Board. It was thought befitting of this occasion that an appropriate Certificate be prepared and presented before this House of Delegates at its first session.

It therefore gives me great pleasure to present to you, Harvey T. Sethman, on behalf of the Board of Trustees and this House of Delegates, this Certificate of Service to this Society which reads as follows:

"The Colorado State Medical Society presents this Certificate for distinguished service to Harvey T. Sethman in recognition of twenty-five years of selfless devotion to the affairs of The Colorado State Medical Society, during which time he has gained for the Society an enviable nationwide reputation in medical affairs.

"Given by order of the House of Delegates of The Colorado State Medical Society at its 84th Annual Session, September 21, 1954."

(Mr. Sethman accepted the Certificate and thanked the President, the Board of Trustees and the House).

President Bonham continued as follows:

In appearing before the House of Delegates at the end of my administration, I report happily, the unstinted cooperation given me by the membership with regard to committee work. Committee reports are printed in your Handbooks. I hope you have reviewed them. Supplemental reports will further indicate the enormous amount of work many committees have undertaken on behalf of our Society. Not all of the problems have been solved by any means, but at least most of the unsolved ones have had thoughtful consideration and I am sure that next year's committees will find a good background of thinking in the material which will be turned over to them by this year's committees.

There have been some recent difficulties caused by a lack of understanding on the part of some members of the Society concerning the functions of committees. I would recommend that the membership hereafter be better informed on these functions.

To mention any particular committee or committees in commendation would be unfair to those with whose work I have been less closely associated; so I do here and now wish to thank every committee chairman and every committeeman for his individual and collective efforts on behalf of the Colorado State Medical Society during this past year. I hope that every one will continue his interest in whatever committee work he may find himself during the coming year.

The remainder of the President's Report was delivered in executive session and the entire report was then referred to the Reference Committee on Board of Trustees and Executive Office.

President-Elect Samuel P. Newman had no report.

Dr. W. H. Halley supplemented the report of himself and Dr. George A. Unfug as Delegates to the AMA with a suggestion directed to fostering improved public relations, and their report and Dr. Halley's Supplemental Remarks were referred to the Reference Committee on Professional Relations.

Reports of the Foundation Advocate and the Executive Secretary were submitted as printed and referred to Reference Committee.

Reports of Standing Committees

James M. Perkins, Chairman, announced reception of a suggestion for By-Law changes from the El Paso County Society by the Reference Committee on Constitution, By-Laws and Credentials.

The following annual reports were submitted as printed and referred to Reference Committees without supplements except as otherwise noted:

Health Education Committee and Subcommittee on School Health.

Committee on Library and Medical Literature.

Committee on Medical Education and Hospitals, with a mimeographed supplement.

Committee on Medical Service.

Subcommittee on Distribution of Physicians.

Subcommittee on Prepayment Services, with a verbal supplement by Harry C. Hughes, Chairman, as follows:

Your Committee has three items to cover in this supplemental report:

1. We regret to announce that we have been unable to conclude our conversations with the Industrial Commission of Colorado, relative to readjustment of the Workmen's Compensation Fee Schedule. Two specialty groups from which your Committee requested fee schedules in June, have yet to return these schedules so that it is therefore impossible to submit a complete list to the Industrial Commission. The completion of this task will remain for the incoming Committee.

2. We are pleased to report that we have developed a folder to be dispensed to the public through the profession which we think will be of educational value regarding choice of health insurance policies. This folder has been approved by the Board of Trustees of the Society and funds authorized for its distribution. Because Blue Cross and Blue Shield are mentioned favorably in the folder these two organizations are willing to help defray the costs of producing it. An agreement has been reached whereby Blue Cross, Blue Shield and the Colorado State Medical Society will each bear one-third of the cost. A copy of the folder is herewith submitted to the Reference Committee and if they likewise approve, you will soon receive samples in the mail.

3. The third item is a letter from the President of Colorado Medical Service, Inc., Dr. Frederick H. Good, relative to an experimental major medical expense rider to be attached to the present Blue Shield Contract, as follows:

"No doubt you are aware that the critics of our voluntary prepayment Plans and the proponents of compulsory medicine have maintained that our biggest weakness is our inability to care for the catastrophic case.

"There have been many approaches to this problem by Blue Shield Plans throughout the nation, but not one of the Plans has developed a program which seems to satisfactorily solve the problem. Colorado Medical Service, Inc., has been considering one approach, but feels the need of acquiring actuarial experience, through the enrollment of a few trial groups over a limited period of time, before officially requesting the consideration of the House of Delegates of the Colorado State Medical Society.

"Before attempting small scale experimentation with this matter, the Blue Shield Board of Trustees feels the need for some indication on the part of the House of Delegates as to whether or not it is in sympathy with such a project and is therefore willing to authorize experimentation. The trial group contemplated for experimentation purposes would not exceed 500 families for a period of one to two years' coverage.

"In launching an experiment on a very small scale, it seems unnecessary to advise all participating physicians of the terms of the undertaking, since the trial group would be so small and prolonged illness so rare that only a handful of doctors would be affected. We should like to ask the blessing of the House of Delegates on an experimental rider which cannot be explained in final detail, but generally would follow the pattern of an attached outline."

The printed report of that committee and Dr. Hughes' supplement, were referred to the Reference Committee on Legislation and Public Relations.

Dr. Francis Adams, Pueblo, representative of the Medical Society to the Blue Cross Board, presented a mimeographed report on Prepayment Services, which was referred to the Reference Committee on Legislation and Public Relations.

Subcommittee on Indigent Medical Services.

Subcommittee on Medical Care of Veterans.

Subcommittee on Blood Banks.

Subcommittee on Hospital - Professional Relations.

Subcommittee on Emergency Medical Service.

Subcommittee on Liaison With Nurses' Organizations.

Medico-Legal Committee.

Public Policy Committee, with the following supplement:

The Public Policy Committee recommends that the House of Delegates reconsider the action taken by the House last year in regard to Blue Cross benefits for Denver General Hospital.

The Public Policy Committee also recommends that the Colorado State Medical Society go on record as demanding the repeal of Section 106 of the Social Security Expansion Bill, and take action appropriate to achieve such repeal.

Committee on Rocky Mountain Medical Conference.

Committee on Scientific Program.

Committee on Public Health.

Subcommittee on Cancer Control.

Subcommittee on Rocky Mountain Cancer Conference.

Subcommittee on Chronic Disease.

Subcommittee on Crippled Children.

Subcommittee on Industrial Health.

Subcommittee on Maternal and Child Health.

Subcommittee on Mental Health.

Subcommittee on Rehabilitation.

Subcommittee on Rural Health.

Subcommittee on Sanitation, supplemented verbally by Dr. Ralph M. Stuck.

Committee on Tuberculosis Control.

Reports of Special Committees

Advistory Committee to the Auxiliary.

Advisory Committee to the United Mine Workers Welfare and Retirement Fund, and a mimeographed supplement.

In discussion of the report, Dr. Cyrus W. Anderson, Denver, introduced the following resolution:

Resolution

Whereas, Since its inception in 1949, the so-called Advisory Committee to the United Mine Workers of America Welfare and Retirement Fund has had very few meetings; and

Whereas, Recent events of the past year have shown that the Committee is misnamed in that it is in no way Advisory to the Fund by admission of members of the Committee as well as by the Regional Director of the Fund; and

Whereas, Without consultation or notice to the Committee, the Director of said Fund has issued a directive (see copy attached) which deprives all beneficiaries in this area the free choice of physician and until further notice restricting participation to certain preferred groups of physicians and entirely ignoring all General Practitioners; and

Whereas, The Director of said Fund gives as his reason for issuing the attached directive alleged irregular practices carried on by certain unnamed physicians in this State and adjoining States; and

Whereas, In this State we have a Board of Supervisors to which complaints of irregular practices should be made so that we may adequately police our own members and thereby improve the quality of Medicine and Surgery practiced in this State; and

Whereas, The Director of the Fund has taken it upon himself without consultation or even notice to the so-called Advisory Committee provided by this Society to the Fund to do his own policing of certain areas in this State by subsidizing one or more physicians whose duty it is to pass final judgment upon where, what, when and by whom any and all procedures paid for by the Fund shall be carried out, and

Whereas, By admission of the Director, all alleged irregular practices are by no means confined to those men who are doing General Practice; and

Whereas, By admission of the Director, many of the alleged irregular practices are being performed by members of the American College of Surgeons and other of his preferred groups; and

Whereas, By the action of this House of Delegates on September 21, 1949, the Director of the U.M.W.A. Fund (the same director that is currently in charge of this area) was informed as follows:

> "In keeping with this statement of policy, it is recommended that the House of Delegates inform the Administrative Director of the United Mine Workers Welfare Fund that all cases of abuse in which the service fails to reconcile differences with the physicians involved be reported directly to the Board of Supervisors of the Colorado State Medical Society for investigation and appropriate action. It is further recommended that the House of Delegates use its influence with the trustees of the welfare fund and the medical societies of other states in establishing comparable control of abuses in those states in which similar situations do or may exist."

Whereas, The Director of the Fund has completely ignored this request of the House of Delegates and has proceeded to handle the situation according to his own liking; and

Whereas, This House of Delegates, as was shown in the last quotation, from its action on September 21, 1949, used its influence "in establishing comparable control of abuses in those states in which similar situations do or may exist," it becomes at once apparent that this attached directive is a trial balloon which, if it is not actively and vigorously opposed, will become the national pattern for the entire Fund; and

Whereas, Due to the decline of the coal mining industry in the State of Colorado, this problem may seem to be of little or no significance to more than a comparatively few members of this Society, this trial balloon, if allowed to soar unopposed, will become a very effective lift for the inroads of much larger and more powerful plans such as the Kaiser Permanente Plan on the West Coast and the H.I.P. on the East Coast, both of which are eagerly waiting for the door to open slightly so that they can put their foot in.

Whereas, The so-called Advisory Committee to the United Mine Workers of America Welfare and Retirement Fund admits in their report that they are not in sympathy with the directive of the area Director of the Fund, there is no force behind the report. Quoting the Chairman of the Committee, when permission to appear before said committee to protest the attached directive was requested,

> "You may appear, but inasmuch as the U.M.W. Welfare and Retirement Fund is a private Fund, there is absolutely nothing that we (the committee) can do about it, especially since the directive was issued without our knowledge."

Now, Therefore, Be It Resolved: That this House of Delegates augment the mild disapproval given by the so-called Advisory Committee of this Society with a more vigorous protest; and

Be It Further Resolved: That the so-called Advisory Committee of the Colorado State Medical Society to the United Mine Workers of America Welfare and Retirement Fund be discontinued as a Special Committee of the Colorado State Medical Society, unless the Area Director of the Fund sees fit to immediately rescind or modify his directive to the satisfaction of this House of Delegates.

(Signed) CYRUS W. ANDERSON,
KENNETH H. BEEBE.

The resolution was referred to the Reference Committee on Legislation and Public Relations.

Committee on American Medical Education Foundation.

Committee on Automotive Safety.

Blue Shield Schedule Advisory Committee, supplemented by Chairman Fred A. Humphrey as follows:

A meeting of the full Blue Shield Fee Schedule Advisory Committee was held in Colorado Springs on September 20th, as scheduled. This meeting was attended by 48 members. Seventy per cent of the doctors representing the specialty groups and 60 per cent of the Component Society representatives were present.

Action taken by the Committee makes it necessary that the Committee Chairman supplement the report which is printed in the House of Delegates Handbook. On motions made, seconded and thoroughly discussed, the Advisory Committee voted:

(1) To suggest to the House of Delegates and the Board of Trustees that the tenure of service for a member of the Fee Schedule Advisory Committee be for a period of three years, with one-third of the Committee being replaced in the fall of 1954 and each fall thereafter.

(2) To recommend to the House of Delegates that the service benefit feature of the Preferred Blue Shield Plan be extended by granting an increase in the annual income limitations from $2600 for the single subscriber to $3500 and for the subscribers in the family classification from $4500 to $6000.

(3) To approve the following resolution and recommend to the House of Delegates that it appoint a special committee to study and implement such a project if found feasible:

Resolution

Whereas, There are approximately 48,000 Class A pensioners, averaging 77 years of age, now residing in Colorado; and

Whereas, The pension law of Colorado does not furnish medical care to this group of persons; and

Whereas, They would all be eligible for full service benefits under the income brackets of the Standard Blue Shield Plan; and

Whereas, The present method of payment for medical and surgical care is a hardship, if not an impossibility, for many of these people;

Now, Therefore, Be It Resolved, (1) That the Standard Plan, at existing subscription rates, be tailored to the insurable needs of the Class A pensioners and for this purpose the Plan should be extended to include:

(a) Medical care from the first through the seventieth day, at $3.00 per day.

(b) Radiation therapy at 50 per cent of the Preferred Plan fee allowance.

(2) That the doctors of Colorado authorize Blue Shield to offer this program to the Class A pensioners at group rates on a voluntary pension deduction basis, or at community enrollment rates, on a direct payment basis.

(3) That the doctors of Colorado assure the actuarial stability of this offering by permitting Blue Shield to impose proration of payments if necessary. Payment of services reported for this group would be made on a quarterly basis and, if the services total an amount in excess of 90 per cent of the group income, uniform proration to the amount necessary shall be permitted by the participating physicians on all services paid in the quarterly period involved.

(4) (The same, I believe, as the last paragraph in

the Handbook) That the Committee shall take no cursory action on the requests recently received for the fee schedule changes, but recommends that the new chairman, when appointed, establish one or more subcommittees to review fees with the representative from any component society or specialty society so requesting. (And this is the part which we have added:) That this subcommittee be known as the Review Committee and report its recommendations to the full Committee no later than January 1, 1955.

The above was referred to the Reference Committee on Legislation and Public Relations.

Committee on Military Affairs.

Committee on Nursing Education Problems.

Representative to Rocky Mountain Radio Council.

Vice Speaker Weaver announced this concluded the presentation of Annual Reports, and called upon the Secretary for unfinished business remaining from the last Annual Session.

Executive Secretary Sethman certified that two Constitutional amendments proposed to the House of Delegates last year and printed in the Handbook were now before the House for final action.

Dr. Perkins moved that the vote on Amendment No. 1, designed to lengthen the terms of the Speaker and Vice Speaker, be postponed until after the report of the Reference Committee on Board of Trustees, and that it be referred to that committee; seconded by Dr. Alex D. Waroshill and carried.

Dr. Perkins moved the adoption of the second amendment, to alter the method of conducting a referendum within the Society; seconded by Dr. Charles G. Freed and carried unanimously.

Vice Speaker Weaver announced that the required two-thirds vote having been recorded, he declared the Constitution of the Society so amended.

Nominating Committee

As the first item of New Business, Vice Speaker Weaver called for nominations from the floor for the election of the Committee on Nominations to consist of seven delegates, no two of them from the same component society.

The following eight delegates were nominated:

Carl W. Swartz, Pueblo; Sion W. Holley, Larimer; Eugene Wiege, Weld; Charles G. Freed, Denver; John L. McDonald, El Paso; George Balderston, Montrose; Alex D. Waroshill, Fremont, and H. R. Bull, Mesa.

The Speaker appointed Drs. Harry C. Hughes and Carl W. Swartz as tellers, and the Secretary verified the roll call.

Dr. C. I. Bramer was by vote of the House seated to take the place of Dr. F. H. Zimmerman who had been called away.

Following the count, Speaker Ley announced the following had been elected as the Nominating Committee:

Carl W. Swartz Sion W. Holley, Charles G. Freed, Eugene Wiege, John L. McDonald, George Balderston, and H. R. Bull.

Speaker Ley introduced Dr. W. W. Bauer, Director of the Bureau of Health Education of the American Medical Association, who presented greetings from the American Medical Association headquarters, offered the experience of the staff to aid in solving problems and perplexities at any time, and expressed his appreciation of the invitation to attend.

New Business

Speaker Ley announced the House was now ready to receive New Business from any delegate.

Dr. Charles G. Freed, on behalf of the Denver Council of Delegates, submitted the following, which was referred to the Reference Committee on Legislation and Public Relations:

Resolution

Whereas, It is the responsibility of the Colorado Board of Medical Examiners to enforce all provisions of the Colorado Medical Practice Act; and

Whereas, A few hospital administrators have recently objected to those provisions of the Medical Practice Act which forbid the corporate practice of medicine in Colorado; and

Whereas, The resulting controversy between the Board of Medical Examiners and the aforementioned hospital administrators has tended to create misunderstanding, confusion, and alarm in the minds of Colorado citizens throughout the entire state;

Therefore, Be It Resolved, That the House of Delegates of the Colorado State Medical Society urgently request the medical staff of each and every hospital in the State of Colorado to appoint a Hospital Medical Practice Committee to study all medical problems associated with hospital operation and medical practice which are related to the medical practice laws of the State of Colorado, for the specific purpose of creating better understanding and closer cooperation between the medical staff and the hospital, its lay board, where one exists, and its employed administrator; and

Be It Further Resolved, That the House of Delegates instruct the newly-constituted Board of Trustees of the Colorado State Medical Society to appoint at the earliest possible date a Special Hospital Medical Practice Committee charged with the responsibility of collecting all available, factual information related to the practice of medicine in Colorado hospitals under existing statutes, and with the further responsibility of supplying each of the several hospital and medical committees in the State with a careful analysis and interpretation of such factual material.

(Dr. Freed stated that the above resolution was presented by Dr. Bradford Murphey, Chairman of the Committee appointed by the Denver Council of Delegates, Dr. John S. Bouslog, Dr. Edgar Durbin and Dr. Frank McGlone.)

Dr. Carl A. McLauthlin, on behalf of the Council of the Denver Medical Society, submitted the following, which was referred to the Reference Committee on Board of Trustees and Executive Office:

Resolution

In view of the unfavorable position of the young physician in an inflationary economy, the Denver Medical Society has, during the past year, discussed ways and means of reducing the financial demands on physicians. Necessary contributions to charitable and religious organizations, various hospital building programs, as well as civic and cultural institutions, are constantly increasing.

The Board of Trustees of our State Society, during the past year, has spent many thankless hours, and has performed an outstanding service by introducing economies for the benefit of the members of the State Society. As a result of the excellent performance of the Board, the cost of conducting the business of the Society was reduced by approximately $7,000 during the past year.

Therefore, Be It Resolved, That the House of Delegates extend a vote of thanks to the Board of Trustees and the Budget Committee for their fine performances during the past year.

Be It Further Resolved, That the Board of Trustees be instructed to continue to carry on the functions of the Society in the most economical manner possible, consistent with good performance.

(Dr. McLauthlin stated that the recommendation was signed by Dr. Frank B. McGlone, Chairman of the Committee; Dr. Bradford Murphey, and Bernard T. Daniels.

Dr. Roscoe Ackerly (Pueblo) submitted the following, which was referred to the Reference Committee on Legislation and Public Relations:

Resolution

Whereas, The Colorado Society of Clinical Pathologists has already recommended and submitted for action to the Legislative Committee of the Colorado State Medical Society the following two items:

(1) Adoption by the State Legislature of a revised law related to consent for autopsy corresponding with that passed in Wisconsin in 1949, which reads: "155.05 of the Wisconsin Statutes relating to post-mortem examination:

" 'Consent for a licensed physician to conduct a post-mortem examination on the body of a

deceased person shall be deemed sufficient when given by whichever one of the following assumes custody of the body for purposes of burial: father, mother, husband, wife, child, guardian, next of kin; or, in the absence of any of the foregoing, a friend or a person charged by law with the responsibility for burial. If two or more persons shall assume custody of the body, consent of one of them shall be deemed sufficient'."

(2) Adoption of an amended law in the State of Colorado, Colorado Statutes Section 111, Chapter 78, and Section 122, Chapter 145, in both instances in which this sentence is added: "The Coroner may at his discretion order a post-mortem examination on the body of any deceased person whose death falls within this section."

Therefore, Be It Resolved, That the Colorado State Medical Society submit these two items as bills for consideration and passage by the State Legislature in its 1955 Session.

Dr. Edward R. Mugrage, Denver, Past President, on behalf of the Denver Society of Clinical Pathologists, submitted the following, which was referred to the Reference Committee on Professional Relations:

Resolution

Whereas, It is recognized that there is a shortage of medical technologists; and

Whereas, The following has been approved by the American Medical Association;

Therefore, Be It Resolved, That the Colorado State Medical Society endorse the use of the Recruitment Film and the publicity associated therewith, as produced by the American Committee for Careers in Medical Technology of the American Society of Clinical Pathology.

Dr. William R. Lipscomb, a member of the Board of Trustees, whose term was to expire in 1955, addressed the House briefly in appreciation of the honor conferred upon him, and for personal reasons stated submitted his written resignation. By unanimous vote action on his proposal was deferred until the Reference Committee on Board of Trustees and Executive Office might consider it, and it was referred to that Committee.

The House unanimously voted to not hold an open meeting at its second session, which had been tentatively scheduled by the Trustees.

After routine announcements the House adjourned until 4:15 p.m., September 22, 1954.

SECOND MEETING
Wednesday, September 22, 1954

Speaker Ley called the House to order at 4:15 p.m. No further Credentials Report was presented.

The Roll Call disclosed fifty-three accredited members of the House present, more than a quorum. Dr. Thomas R. Thorn, Clear Creek, was seated as alternate for Dr. H. M. Van Der Schouw.

Minutes of the First Meeting of the House were approved as read.

Honorary Member: Harry A. Smith

Speaker Ley introduced Harry Austin Smith, M.D., of Whittier, California, Past President of this Society and Honorary Member, who addressed the House briefly, and thanked the Society for conferring honorary membership upon him.

A letter of greetings from Dr. W. T. H. Baker, Pueblo, Past President, was read.

Dr. J. Lawrence Campbell, Denver, Secretary of the Board of Supervisors, presented a Supplemental Report of that Board as follows, which was referred to the Reference Committee on Professional Relations:

When the House of Delegates of the Colorado State Medical Society several years ago assumed a nation-wide lead in implementing their Public Relations program by the creation of the Board of Supervisors, their aims were manifold. The specified intent of the House of Delegates was to improve Public Relations; to protect the public against unthinking or unscrupulous physicians; to offer a means of arbitration in the settlement of misunderstandings between physicians; and, perhaps of prime importance, to create a body within the Society which could, drawing from its experiences on this Board, offer advice to the membership which, if followed, would obviate some of the complaints against the profession and help the individual physician to avoid the more common pitfalls. To phrase it in medical terms, preventive medicine is good medicine, in the field of Public Relations, as in Therapeutics. This last-named aim of the House of Delegates has been the most difficult of attainment of any. Your Board has devoted considerable thought and discussion to it.

In recent years it has been a cause of grave concern to your Board to witness the number of members of the Society only recently admitted to membership who have had complaints filed against them. Your Board is unable to state the exact cause for this condition, but feels that there are probably several factors which predispose to it. It appears obvious that our medical schools are failing to inculcate the student with the ideals that have made American Medicine and American Medical Education great. Perhaps the student is failing to absorb these ideals and place them in their proper perspective. It also appears obvious that many young physicians just entering practice are baffled by the complexity of problems confronting them or are oblivious to many things which they should know for their welfare as well as for the welfare of their patients. The society in which we live is becoming almost daily more complex and this complexity adds to the problems of the doctor. The practice of medicine today is complicated by social problems and advances unheard of several years ago. Health Insurance, Social Security and the demands of organized medicine are but a few of these things which may baffle the young physician.

With these thoughts in mind and in an effort to acquaint the young physician with a few facts which too frequently are unknown to him and thus aid him to avoid some of the traps into which his confreres have inadvertently stumbled, and as a means of aiding our Public Relations program; also as an added means of protecting the public and as a means of furthering the interests of our Society, the following recommendation is submitted by your Board of Supervisors to this House of Delegates for your consideration and action:

(1) That the House of Delegates empower and direct the Board of Trustees to organize an indoctrination course for new members.

(2) That such a course should consist of a number of short discussions or lectures, the number and type of such lectures to be at the discretion of the Board of Trustees in order that they may take cognizance of new problems, changing conditions, and so forth.

(3) That the proposed course be given at such time or times as the Board of Trustees deems fitting and proper, taking into consideration such variables as the number of new applicants, and so forth.

(4) That it become obligatory for an applicant physician upon acceptance into this Society to attend this course.

(5) That the failure to attend the course without adequate reason be recognized as a just cause for citation for contempt before the Board of Supervisors and for such actions as the Board of Supervisors deems necessary.

Reports of Reference Committees

First Report of Reference Committee on Board of Trustees and Executive Office

Chairman Edgar A. Elliff, of the Committee, presented the following preliminary report, which was adopted section by section and as a whole:

Your Reference Committee respectfully reports that it has carefully considered and approved the following items referred to it and recommends their adoption by the House of Delegates:

(1) The Report of the Foundation Advocate (Dr. Walter W. King) in the Handbook.

(2) The Report of the Executive Secretary (Mr. Harvey T. Sethman) in the Handbook.

(3) The recommendation submitted by Dr. John S. Bouslog, representative to Rocky Mountain Radio Council, appearing at top of page 59 of the Handbook.

Other matters referred to this Committee will be reported upon later.

Report of the Reference Committee on Scientific Work

Chairman John Gillaspie, Boulder, presented the following report which was adopted section by section, after the Chairman amended the report by withdrawing one portion involving finances, which was referred by the Speaker to the Board of Trustees for consideration:

(a) Your Reference Committee recommends the adoption of the Report of the Committee on Library and Medical Literature as printed in the Handbook.

(b) Your Reference Committee, following study and discussion, recommends a change in paragraph 2 of the Report of the Committee on Medical Education and Hospitals as carried on page 30 of the Handbook: The Reference Committee recommends that the Colorado State Medical Society should participate in the management, and if necessary the cost of the graduate medical program.

(Inasmuch as this involves finances, Chairman Gillaspie requested that (b) be withdrawn and referred to the Board of Trustees, which was done by Vice Speaker Weaver.)

(c) With the exception of the above change in paragraph 2, your Reference Committee recommends the adoption of the Report of the Committee on Medical Education and Hospitals as carried in the Handbook.

(d) Your Reference Committee approves the supplemental report of the Committee on Medical Education and Hospitals.

(e) Your Reference Committee has considered the Report of the Scientific Program Committee, and recommends approval of this report with the exception of paragraph 3 on page 43 of the Handbook. Your Reference Committee agrees with the recommendation for shorter scientific meetings, but to limit the meetings to morning sessions would not be practical in various locations where the meetings may be held.

Your Reference Committee recommends:

(1) To leave the time of scientific sessions to the discretion of the Program Committee.

(2) That the Committee explore the possibility of limiting the number of out-of-state guest speakers; and

(3) That the Program Committee consider possible changes in the pattern of the State Meeting and the encouragement of more papers by members of the Society.

Your Reference Committee commends the Scientific Program Committee for their excellent programs thus presented.

(f) Your Reference Committee approves the Report of the Subcommittee on Rocky Mountain Cancer Conference, appearing in the Handbook. The Reference Committee recommends that the House of Delegates express our gratitude to the American Cancer Society for its continued interest in this program, and congratulate the local committee upon the fine program they have presented and the excellent management of their financial affairs.

Report of the Reference Committee on Public Health

Chairman R. A. Hoover, of the Committee, submitted the following Report, which was adopted section by section and as a whole, as amended by vote of the House on motion of Dr. John Amesse with regard to paragraph (g) below, because of lack of activity of the Committee on Maternal and Child Health:

(a) Your Reference Committee approves the Report of the Health Education Committee and Subcommittee on School Health in the Handbook, with the following recommendations referrable to paragraph 4, page 29, No. 1, in which the Reference Committee approves in principle this recommendation but believes that further study should be made before any definite plans are proposed. It is further recommended that a qualified doctor of medicine be considered as the school health educator.

(b) Your Reference Committee approves the Report of the Committee on Public Health in the Handbook with the following exception and commendations: It is the feeling of the Reference Committee that the "health history" noted in paragraph 2, numbered 2, page 44, is theoretically desirable but that at the present time is impractical. Your Committee wishes to commend the General Chairman and the Chairman of the Crippled Children's Subcommittee for the work and cooperation with the National Foundation of Infantile Paralysis and the Colorado State Health Department on vaccination field trials of second grade children. In addition we wish to commend the participating component societies and the individual members who made the actual contacts in this program. It is with specific pride that we point to the amazing 97 per cent of children who, receiving the first injection, also completed the third injection; whereas the percentage was about 75 per cent for the remaining states which participated in the program.

(c) The Reference Committee approves the Report of the Subcommittee on Cancer Control in the Handbook, and therefore recommends its adoption.

(d) The Reference Committee approves the Report of the Committee on Chronic Diseases, and therefore recommends its adoption.

(e) The Reference Committee does **not** approve the Report of the Subcommittee on Crippled Children in the Handbook. This Report has been disapproved because of lack of detail and clarification of the major subjects proposed.

(f) Your Reference Committee approves the Report of the Subcommittee on Industrial Health in the Handbook. It is recommended that the Committee expedite arrangements to be included in the program of the Midwinter Clinics.

(g) It is recommended that the Report of the Subcommittee on Maternal and Child Health as noted at page 48 of the Handbook be adopted. (This recommendation was rejected by vote of the House.)

(h) It is recommended that the Report of the Subcommittee on Rehabilitation in the Handbook be adopted.

(i) It is recommended that the Report of the Subcommittee on Rural Health in the Handbook be adopted.

(j) It is recommended that the Report of the Subcommittee on Tuberculosis Control in the Handbook be adopted.

Report of the Reference Committee on Professional Relations

Chairman H. R. Bull of the Committee submitted the following report, parts of which were adopted and parts of which were amended or otherwise handled as indicated below:

(a) Your Reference Committee has reviewed the Report of the Board of Councilors as printed in the Handbook and approves the Report.

(b) Your Reference Committee approves the Report of the Board of Supervisors as it appears in the Handbook. In addition to the report your Reference Committee further notes the desirability of acquainting doctors particularly interested with the dispositions made in certain cases. It is realized at the same time that such information cannot be made public.

(c) Your Reference Committee approves the Report of the Delegates to the A.M.A. as carried in the Handbook.

(d) Your Reference Committee approves the Report of the Subcommittee on Distribution of Physicians as carried in the Handbook.

(e) Your Reference Committee approves the Report of the Subcommittee on Blood Banks as it appears in the Handbook.

(f) Your Reference Committee has considered the Report of the Subcommittee on Hospital-Professional Relations as printed in the Handbook. The Reference Committee approves the Report of the Subcommittee on Hospital-Professional Relations in general, and notes the requests for clarification of the admission policies for non-indigent patients to the Colorado General Hospital. Testimony was heard by your Reference Committee from the Superintendent of Colorado General Hospital regarding admission of non-indigent cases, and they were found to fall into the following groups:

(1) Those cases admitted on an emergency basis constituting automobile accidents and major catastrophes, these being kept in Colorado General until such time as they may be moved safely to non-tax-supported hospitals.

(2) Those cases requiring the special facilities for cardiac catheterization and cardiac surgery and neurosurgery which by their technical nature require the facilities of Colorado General.

(3) Certain cases of non-indigent nature sent by licensed physicians directly to Colorado General with personal notes from those physicians requesting their admission. In this last group it is recognized in some cases where funds are available to meet hospitalization, it is an error in judgment on the part of the referring physician rather than on the part of the hospital administration.

Colorado General Hospital conducts an extensive review of the financial status of patients admitted, and refuses admission to those able to pay the now going per diem cost of $23. The above in brief constitutes the admission policy in force at Colorado General Hospital.

These are
the Gantrisin
advantages —

Gantrisin 'Roche' is a single, soluble, wide-spectrum sulfonamide -- especially soluble at the pH of the kidneys. That's why it is so well tolerated...little danger of renal blocking...does not require alkalies. Produces high plasma as well as high urine levels. Over 250 references to Gantrisin® in recent literature.

When you
select an
antibacterial —

...you may wonder which one to prescribe. We believe you'll agree that most of them are rather good. Still, we suggest you try Gantrisin 'Roche'...because this single sulfonamide is soluble in both acid and alkaline urine...because it has a wide antibacterial spectrum...an impressive clinical background...and, above all, because it's so well tolerated by most patients. Gantrisin® -- brand of sulfisoxazole.

(g) Your Reference Committee has considered the Report of the Subcommittee on Liaison with Nurses Organizations as carried in the Handbook. Since there were no meetings of this Committee, the Report was approved as printed in the Handbook.

(h) Your Reference Committee has considered the Report of the Medicolegal Committee as it appears in the Handbook, and particularly notes the Committee's request for consideration of the following:

Paragraph 1:

"It should be mandatory of all Medical Society members who have been threatened or actually sued for malpractice, to report to the State Society within a 10-day period, and that no suit be settled without first informing the Medicolegal Committee."

Your Reference Committee submits that the "mandatory" phase of this recommendation is not in keeping with the possibilities or probabilities of enforcement and that the word "mandatory" should be deleted and that the words "strongly urged" be substituted.

(Following discussion, on motion properly made and carried with one voting no, this paragraph containing the word "mandatory" was withdrawn from the Report and resubmitted to the Reference Committee for reconsideration.)

(i) Paragraph 2:

"Consent to Medical and Surgical Treatment Forms, designed to protect both the doctor and the hospital, should be prepared, with the cooperation of the Colorado Hospital Association, and the proper use of such forms by the doctors should be promoted."

Your Reference Committee notices the very inherent weakness in this recommendation. While the desire is well-expressed, the method of implementation is lacking. It is therefore the recommendation of your Reference Committee that the Medicolegal Committee be instructed by the House of Delegates to implement the use of such forms in conjunction with the Colorado Hospital Association.

(j) Paragraph 3:

"Consideration should be given to the formation and appointment of a State Committee Panel of Specialists which would be available to advise with litigants and the courts and to testify as impartial expert witnesses, in malpractice, personal injury and other cases involving expert medical testimony, and to particpate in pre-trial settlement efforts."

After consideration of the above paragraph, your Reference Committee felt that while there might be merit in the plan from the standpoint of the physician, that the various insurance carriers themselves would select such expert witnesses as they so desired, making the formation of a panel of specialists unnecessary. Your Reference Committee therefore recommends the deletion of recommendation No. 3 of the Report of the Medicolegal Committee and proposes an alternate paragraph:

"That the various insurance carriers be approached by the Medicolegal Committee and asked to notify the Medicolegal Committee of each impending or threatened suit."

(There followed lengthy discussion. On a motion to adopt this section of the report, a standing vote disclosed 34 voting yes and 12 voting no. Vice Speaker Weaver announced the motion had been carried and that the House would proceed to consider the next item.)

(k) Paragraph 4:

"Inasmuch as malpractice insurance policies are written on an individual basis, the policy forms of the carriers writing most of the business in this state should be reviewed and analyzed and members should be apprised in non-technical language of the coverages afforded by the various policies, including the limitations and exclusions."

Inasmuch as the desirability of this knowledge is unquestioned, but the instructions for implementation are lacking, your Reference Committee recommends to the House of Delegates that implementation of this paragraph be the responsibility of the Medico-Legal Committee.

(l) Paragraph 5:

"Malpractice insurance costs and means of providing such coverage should be the subject of continuing study, even looking forward to the goal of bringing about promotion by the American Medical Association of an insurance company for underwriting group malpractice insurance on a national basis."

Your Reference Committee thoroughly approved this recommendation, and it is recommended by your Reference Committee that the House of Delegates instruct the delegates to the American Medical Association to request a continuation of the study toward providing an insurance company for underwriting group malpractice insurance on a national basis, at the next session of the American Medical Association.

(m) Paragraph 6:

"Again your Committee wishes to impress upon the physicians of the State of Colorado that more suits result from their talking too much or writing unnecessary letters than from any other cause."

Your Reference Committee concurs in the sentiment as expressed in this paragraph of the Report of the Medico-Legal Committee.

(n) Your Reference Committee approves the Report of the Committee on the Rocky Mountain Medical Conference as it appears in the Handbook.

(o) Your Reference Committee has considered the Report of the Committee on Nursing Education Problems as carried in the Handbook.

(p) The Reference Committee approves the resolution presented by Dr. Edward R. Mugrage.

Revision of By-Laws

Report of the Reference Committee on Constitution and By-Laws

Chairman James M. Perkins submitted the following report which was adopted section by section and as a whole without dissent, with action on one section being deferred:

(a) Your Reference Committee has considered the matters referred to it at considerable length. The proposed By-Law amendments as published in the Handbook were considered with Mr. Peter Nordlund, the Society's attorney, who expressed the opinion that they were legally sound. Since they have lain on the table for one day as required for By-Law amendments, your Committee recommends that this House now adopt these amendments as published on pages 25 to 28 of the Handbook.

(The amendments were adopted by the necessary two-thirds vote, there being no dissenting votes recorded.)

(b) A second item referred to your Committee was a proposed amendment to the By-Laws by the El Paso County Medical Society which pertains to the method of nominating officers for this Society and is as follows:

"Amend Chapter VI, Section 1 by rewriting the last sentence to read as follows: 'Additional nominations may be made by delegates from the floor of the House at the same meeting at which the Nominating Committee reports its slate, or at any subsequent meeting prior to the final meeting at which the House votes for the election of its officers.'"

At the present time the By-Laws provide a nominating procedure which requires the Nominating Committee to make its report at least by the day prior to the last meeting of the House, at which time the election is held. They also provide that no additional nominations can be made from the floor except at the time of election. The effect of the proposed By-Law would be to permit the Nominating Committee to make nominations at any time prior to the last day and would permit any additional nominations from the floor to be made following their report, but would prohibit additional nominations from the floor at the time of election, at the last session of the House. This in effect would give members of the House at least some 12 hours to think over whom they wish to vote for in the case of multiple nominations for office. Your Committee hereby proposes the above amendment to the By-Laws, which must lie on the table for one day. We wish to point out that if this By-Law is adopted at the next meeting of the House it will be in effect during this session. We further wish to point out that the recommendations of other reference committees might lead to the adoption of a similar but broader method of nominations which could be in effect this year.

(c) Your Committee considered with members of the Board of Councilors the problem of the jurisdiction of component societies. At the time the original sections of the By-Laws on this problem were written there were relatively few members whose homes and offices were not located under the jurisdiction of the same component society. With the present trend toward suburban living, there are now many physicians who find themselves in this circumstance. We therefore feel that the term "residence" is of little significance in the determining of a component society to which a member should belong. Your Committee feels that the more logical means of determining jurisdiction should be the location of the member's major professional

office. Realizing that a blanket ruling of this sort could still create hardships, provisions for waiver of jurisdiction and for adjudication by the Board of Councilors have been retained. To accomplish these concepts the following changes in Chapter XI of the By-Laws are proposed:

Amend Section 4 by rewriting the last sentence to read as follows: "A physician residing in this state shall hold membership in the component society which has jurisdiction over the territory in which his major professional office is located."

Rewrite Section 5 to read as follows: "5. Waiver of Jurisdiction. A physician desiring to hold membership in a component society other than the one in which his major professional office is located may apply to this latter society for a waiver of jurisdiction and, if good cause is shown, the waiver shall be granted and the Executive Office of the Society notified in writing. Any physician refused such waiver by the society of jurisdiction may appeal to the Board of Councilors as provided in Section 9 of this chapter."

Also amend Section 6 to change the word "residence" wherever it appears in the section to the words "major professional office," except in the last sentence where the word "residence" shall be retained, and the words "like that contemplated in this section" shall be deleted.

Amend Section 7 by changing the phrase "residing within" to read "whose major professional office is within."

This group of By-Law amendments must lie on the table for one day.

(d) Your Reference Committee also considered the Constitutional amendment which was jointly referred to it and to the Reference Commitee on the Board of Trustees and Executive Office. Our Committee went on record as having discussed this question of increasing the terms of Speaker and Vice Speaker to three years. They felt that the present method of electing them each year is more adequate; and if an individual turns out to be an excellent Speaker he could then be re-elected any number of times, and the association would not have to be saddled with a mediocre Speaker for three years.

Dr. Perkins moved that Section (d) of the Report not be acted upon until the Reference Committee on Board of Trustees and Executive Office has reported. The motion was carried unanimously.

Report of the Reference Committee on Miscellaneous Business

Chairman W. A. Campbell of the Committee presented the following Report which was adopted section by section and as a whole without dissent:

(a) Your Reference Committee recommends the acceptance of the Report of the Committee on Military Affairs as printed in the Handbook.

(b) We recommend acceptance of the Report of the Advisory Committee to the Auxiliary and urge the House of Delegates to thank each and every member of the Auxiliary for their able assistance.

(c) We have carefully reviewed the work of the Subcommittee on Emergency Medical Service in the Handbook and feel that there are some questions in our minds which may be answered in the manual which was mentioned in the Report but which was not available to us. This was particularly true with regard to the needed so-called necessary medical supplies. The question of stockpiling of medical supplies in doctors' offices was thoroughly considered and it was felt that this would not meet the necessary requirements, and we recommend that the Committee in the next year consider contacting the medical staffs of all hospitals to urge that their institutions stockpile these supplies. We recommend the acceptance of the Report of the Committee on Emergency Medical Service, with the above suggestion.

(d) We recommend the acceptance of the Report of the Committee on American Medical Education Foundation in the Handbook. The members of the Committee feel that this is a great and continuing need. The Committee therefore urge that all delegates speak to their local societies in an effort to get greater individual representation. Last year only one in four in Colorado contributed, and it is our feeling that this proportion is too small. We also feel that all members should be reminded that lay contributions are acceptable.

Report of the Nominating Committee

Chairman Charles G. Freed of the Committee on Nominations submitted the following report, which, not being subject to adoption, was recieved and placed on file:

Your Committee on Nominations respectfully offers the following slate of nominations for positions to be filled by election at this Eighty-fourth Annual Session:

For President-Elect, Robert T. Porter, of Greeley.

For Vice President, K. D. A. Allen, of Denver.

For Treasurer, two-year term to fill the vacancy created by Dr. Nick's resignation, William C. Service, of Colorado Springs.

For Constitutional Secretary, three-year term, J. M. Perkins, of Denver.

For the Board of Trustees for a three-year term, Lawrence D. Buchanan, of Wray.

For Councilor, District No. 1, three-year term, Paul R. Hildebrand, of Brush, to succeed himself.

For Councilor, District No. 2, three-year term, John D. Gillaspie, of Boulder.

For Councilor, District No. 3, three-year term, Osgoode S. Philpott, of Denver, to succeed himself.

For members of the Board of Supervisors, each for a two-year term, six to be elected: George Balderston, of Montrose; J. Alan Shand, of La Junta; Harold E. Haymond, of Greeley; Samuel W. Downing, of Denver; Lester L. Williams, of Colorado Springs; Robert A. Hoover, of Salida.

For Supervisor, for a one-year term to fill a vacancy, V. V. Anderson, of Del Norte.

For Delegate to the American Medical Association, two-year term beginning next January 1, Kenneth C. Sawyer, of Denver.

For Alternate-Delegate to the American Medical Association, two-year term, Irvin E. Hendryson, of Denver.

For Foundation Advocate, one-year term, Walter W. King, of Denver.

For Speaker of the House of Delegates, one-year term, John A. Weaver, Jr., of Greeley.

For Vice Speaker of the House of Delegates, one-year term, William B. Condon, of Denver.

There was no Unfinished Business. Under New Business Dr. Edward R. Mugrage, Past President, presented the following resolution on behalf of the Colorado Society of Clinical Pathologists, which was referred to the Reference Committee on Professional Relations:

Whereas, Organized medicine in the United States is apparently reaffirming the definition of the practice of medicine and of the various branches; and

Whereas, The Colorado State Medical Society believes that all pathology is the practice of medicine, it is fitting at this time that the Society record such a definition.

Now, Therefore, Be It Resolved, That the following definition is hereby adopted by the Colorado State Medical Society and made a part of the minutes of the Society's 84th Annual Meeting:

"All pathology is the practice of medicine, including, but not limited to histopathology, cytopathology, bacteriology, serology, parasitology, hematology, clinical chemistry and clinical microscopy."

Dr. James E. Donnelly, Delegate from Las Animas Society, was by unanimous vote of the House accorded the privilege of presenting a lengthy statement and a resolution, which were referred to the Reference Committee on Legislation and Public Relations. The House then unanimously voted not to publish Dr. Donnelly's address in the proceedings of this meeting.

Following announcements concerning meetings of committees, the House adjourned.

THIRD MEETING

Thursday, September 23, 1954

Vice Speaker Weaver called the House to order at 4:15 p.m. There was no additional report by the Credentials Committee. Roll call disclosed sixty-four accredited delegates present, more than a quorum.

By proper procedure the following were seated: Dr. F. J. Roukema, Alternate for Dr. W. W. Webster, Weld; Dr. C. I. Bramer, Alternate for Dr. F. H. Zimmerman, Pueblo; Dr. O. W. Allison, Alternate for Dr. R. M. Waters, Boulder, and Dr. Kenneth C. Sawyer, Alternate for Dr. William B. Condon, Denver.

Minutes of the Second Meeting of the House were read and, after correction of a reference to a committee chairman, were approved.

Further Report of the Board of Trustees

Dr. Irvin E. Hendryson, Chairman of the Board, presented the following Report which was adopted without dissent:

In relation to the Report of the Reference Committee on Scientific Work, with regard to paragraph 2 of the Report that was printed in the Handbook and submitted to the House yesterday by the Reference Committee, in relation to the Committee on Medical Education and Hospitals: You will recall that a paragraph read, "Your Reference Committee following study and discussion recommends a change in paragraph 2 of the report of the Committee on Medical Education and Hospitals as carried on page 30 of the Handbook. Your Reference Committee recommends that the Colorado State Medical Society should participate in the management and if necessary the cost of the graduate medical education program." In view of the item of cost, this particular part of the report was referred to the Board of Trustees. This matter has come before the Board and also before the Public Policy Committee several times in the past and, as a result, your Board of Trustees recommends that the Society approve this program and assist in its management and furtherance; but we feel the cost should be borne by the county societies concerned and by the medical school, and that speakers who are members of this Society should receive no honorarium.

Additional Report of Nominating Committee

Dr. Charles G. Freed, Chairman, submitted the following additional report and suggestion which was received without action:

In the Report of the Nominating Committee submitted at the Second Meeting we neglected to suggest a place for the 1957 meeting, which was a stenographic oversight. Denver was selected as the site for the 1957 meeting, with the suggestion from the Nominating Committee that every effort be made to hold the meeting in the new hotel which will allegedly be constructed by 1957. I ask that that be added to the Report of the Nominating Committee.

Report of the Reference Committee on Legislation and Public Relations

Dr. Carl W. Swartz, Chairman of the Committee, presented the following Report, which was adopted section by section and as a whole without dissent (with discussion as indicated).

(a) Your Reference Committee recommends approval of the Report of the Committee on Medical Service, as carried in the Handbook, and of the Supplemental Report of its Subcommittee on Intraprofessional Insurance Problems, and offers the following recommendations:

(1) That individual physicians be urged to follow through completely in fighting malpractice suits, and not be led to an early settlement just to prevent a case from coming to trial.

(2) That the Medicolegal Committee be instructed to act on every request that is presented to it from a doctor who is faced with a lawsuit.

(3) The re-establishment of an Interprofessional Relations Association between the Bar Association and the medical profession in an attempt to promote better working relations throughout the professions.

(4) To re-emphasize that doctors may as individuals be instrumental in stopping a malpractice suit before it is instituted, by stopping all criticism of the professional practices of their confreres.

(b) Your Committee recommends approval of the Report of the Subcommittee on Pre-Payment Services in the Handbook, together with the Supplemental Report of this Subcommittee as presented by Dr. Harry Hughes, and makes the following recommendations:

(1) That the specialty groups that have been delinquent in submitting their fee schedules and/or terminology changes for submission to the Industrial Commission be strongly urged to do so in order that adjustment of schedules in the Workmen's Compensation Fee Schedules may be facilitated at the earliest possible date.

(2) That the committee be commended on the presentation of the folder to be distributed to the public through the profession, outlining those points to consider in the selection of health insurance policies.

(3) That the Colorado Medical Service proceed with its proposal of an experimental major medical expense rider to be attached to the present Blue Shield Contract.

(c) Your Reference Committee recommends the approval of the Report of the Subcommittee on Indigent Medical Services as printed in the Handbook.

(d) Your Reference Committee reeommends the approval of the Report of the Subcommittee on Medical Care of Veterans as printed in the Handbook.

(e) Your Reference Committee recommends approval of the Public Policy Subcommittee on Legislation report as printed in the Handbook. It also has considered and approved the Recommendations of the Pueblo County Medical Society Committee Investigating Coroners' and Autopsy Laws, and recommends that this be referred to the newly-appointed Committee on Legislation for study and action.

(f) Your Reference Committee recommends approval of the Report of the Subcommittee on Publicity as printed in the Handbook.

(g) Your Reference Committee recommends approval of the Report of the Subcommittee on Weekly Health Column and Health Articles as printed in the Handbook and wishes to commend this Subcommittee for its accomplishments, especially with regard to the success of the "Old Doc Experience" series.

(h) Your Reference Committee has carefully studied the Report of the Public Policy Committee as printed, recommends approval of the report as carried in the Handbook, and makes the following additional recommendations:

(1) That the House of Delegates urge the organization of Committees on Hospital-Professional Relations at the local hospital level as previously recommended by this House.

(2) That the Committee on Hospital-Professional Relations be charged with the duty of seeing that these committees at local hospital level are organized and functioning.

(3) That the House of Delegates reaffirm the position of the Colorado State Medical Society in relation to the Medical Practice Act of 1951.

(4) That the resolution with regard to the Medical Practice Act as presented by Dr. Bradford Murphey, be approved, altering the last paragraph of that resolution to read as follows:

"Be It Further Resolved, That the House of Delegates instruct the newly-constituted Board of Trustees of the Colorado State Medical Society to charge the Subcommittee on Hospital-Professional Relations with collecting all available factual information related to the practice of medicine in Colorado hospitals under existing statutes, and the further responsibility of supplying each of the several Hospital-Medical Practice Committees in the state with a careful analysis and interpretation of such factual material."

(5) More adequate liaison between the Blue Cross representatives of the State Medical Society with the Public Policy Committee and the Board of Trustees in the solution of their mutual problems.

(i) Your Reference Committee recommends approval of the Supplemental Report of the Public Policy Committee proper. Your Reference Committee does not feel that the Reference Committee should attempt to take a position with regard to paragraph one of the Supplemental Report, which deals with reconsidering the action taken by the House last year in regard to Blue Cross benefits for Denver General Hospital, but that it should be referred to the newly-constituted Committee on Public Policy for further study.

(Here discussion was instituted by Dr. G. C.

Milligan, with relation to paragraph (i) immediately above. Dr. Samuel P. Newman by unanimous consent of the House presented a lengthy report of a survey he had conducted with relation to the subject. The Committee Chairman had moved adoption of the section of the Report, which was seconded. Dr. Milligan offered a substitute motion that the House rescind the action of the House of Delegates last year as it relates to Blue Cross and twelve voted "Yes," and the number of "No" votes was so great that Vice Speaker Weaver declared the substitute motion lost without a count.)

(j) Your Reference Committee recommends the approval of the Report of the Subcommittee on Mental Health as carried on page 48 of the Handbook, with the exception of the last paragraph which we have recommended be deleted in view of the fact that the House of Delegates has made its decision to reaffirm its present position with regard to the Medical Practice Act.

(k) Your Reference Committee recommends the approval of the Subcommittee on Sanitation as carried in the Handbook, and wishes to commend the entire Committee for their diligent efforts in support of the excellent work of Dr. Ralph Stuck in the State Legislature.

(l) Your Reference Committee has studied the Report of the Advisory Committee to the United Mine Workers Welfare and Retirement Fund as printed in the Handbook, its Supplemental Report, and a host of testimony of various individuals who have appeared before the Reference Committee to discuss the Report. It recommends approval of the Handbook Report and the Supplemental Report of the Advisory Committee to the United Mine Workers Welfare Fund, and further recommends that it be supplemented by the resolution presented by Dr. Cyrus W. Anderson, with the following changes in the last two paragraphs:

"Now, Therefore, Be It Resolved, That this House of Delegates augment the disapproval given by the Advisory Committee of the Society with a more vigorous protest, and in view of the fact that the Director of the United Mine Workers Welfare and Retirement Fund has elected to ignore the recommendations of the Advisory Committee of the Colorado State Medical Society, that the Advisory Committee of the Colorado State Medical Society to the United Mine Workers of America Welfare and Retirement Fund be suspended until such time as the United Mine Workers Fund and the Colorado State Medical Society can again cooperate on a basis that is more in accord with the philosophy of free choice of physicians."

Your Reference Committee has received the reports and recommendations of Dr. James Donnelly and wish to commend him and the other members of the Las Animas County Society for their alertness to the dangers that threaten our medical practice, and for their devotion to the concept of the free choice of physicians. We have already endorsed these feelings in the above paragraph.

In the course of our hearings and deliberations, certain matters of medical practice and ethics came before us, which we feel are beyond the scope of this Reference Committee and we recommend that these matters be presented to the Board of Supervisors or Board of Councilors, as provided in the Constitution and By-Laws.

(m) Your Reference Committee recommends the approval of the first and second portions of the Report of the Committee on Automotive Safety as printed at page 54 of the Handbook. It recommends disapproval of the third portion of the Report because of a direct conflict with the Report of the Subcommittee on Legislation, whose report we have previously recommended for approval. Your Committee does wish to recommend that the entire profession work closely with the Motor Vehicle Department in its promotion of automotive safety in the State of Colorado.

(n) Your Reference Committee recommends approval of the Report of the Blue Shield Fee Schedule Advisory Committee as printed in the Handbook and of its Supplemental Report as submitted by Dr. Humphrey.

(o) Your Reference Committee recommends approval of that portion of the Report of the Representative to the Rocky Mountain Radio Council as printed on pages 57, 58 and 59 of the Handbook, which was referred to it.

Second Report of the Reference Committee on Board of Trustees and Executive Office

Dr. E. A. Elliff, Chairman of the Committee, presented the following Report which was adopted section by section and as a whole, except as otherwise noted:

I would like to report first upon the Report of the Organization Study Committee. This Report was one of the nicest reports we have ever had. It was concise and to the point and it shows the enormous amount of hard work that has been done by this Committee. Although we have taken out some of the sections of it due to conflicting parts with the Constitution and in some spots with the By-Laws, we nevertheless think it is a wonderful report.

(a) Your Committee has carefully considered the Report of the Organization Study Committee and the Supplemental Report of the Board of Trustees related thereto. We will refer to the report by its own numbered paragraphs.

We recommend that paragraphs numbered 1 and 2 be approved.

We recommend the deletion of paragraph number 3, and believe that our recommendation regarding a later paragraph will cover this subject.

We recommend the deletion of paragraph number 4 as being unnecessary because any rules of lesser bodies are automatically void if they conflict with the rules of the superior body.

We recommend that paragraph number 5 be stricken and the following words be substituted for it:

"The adoption of uniform rules for the Board of Trustees and for all committees, not including the Board of Councilors, Board of Supervisors, or Medicolegal Committee, to provide that a complete agenda for each meeting shall be communicated to all members of the body in advance of the meeting. No new item to be placed upon this agenda after such communication excepting by consent of two-thirds of the members of the body concerned."

We recommend the deletion of paragraph number 6.

We recommend the approval of paragraph number 7, with the rewording:

"We recommend that the House direct the Board of Trustees to elect the Society's President as Chairman of the Board of Trustees."

We recommend the deletion of paragraph number 8.

We recommend the approval of paragraph number 9, with the rewording:

"We recommend that the By-Laws be amended to provide for 2-year overlapping terms for the members of all standing committees not already provided with overlapping terms; provided that the By-Laws also be amended to specify the number of members for each committee."

We recommend the approval of paragraph number 10 with rewording as follows:

"We recommend that the Board of Trustees be directed, as contemplated by the spirit of the By-Laws governing the duties of the office, to authorize the Executive Secretary to employ and dismiss such executive, administrative, and clerical assistants as he deems best to accomplish the efficient conduct of his office, within such budgets and salary scales as the House of Delegates and the Board of Trustees may approve; provided that the Executive Secretary may not employ any person in an executive or administrative capacity or assign to any person already so employed, any executive or administrative title without approval of the Board of Trustees."

We recommend the approval of paragraph 11 with rewording as follows:

"It is recommended that the House of Delegates instruct the Board of Trustees that in carrying out its powers as granted by the Constitution no dismissal of the Executive Secretary shall be effected without approval of the House of Delegates."

We recommend the approval of paragraph number 12.

We recommend the approval of paragraph number 13, with the addition that:

"During the orientation course the matter of committee attendance be discussed and advice made to the various committee chairmen regarding what practices to follow in event of repeated absenteeism on the part of any committee member."

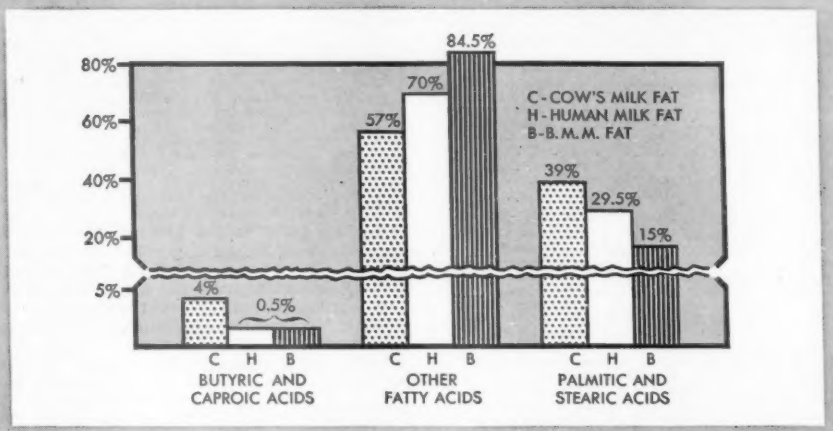
We recommend that paragraph number 14 be amended by substituting for the word "full" at the end of line 1, "approved, condensed, descriptive"; and that in line 3, the word "one" be changed to "two" and the word "week" be "weeks."

We recommend the deletion of paragraph number 15.

We recommend the rewording of paragraph 16 as follows:

THE FATS IN... *Baker's Modified Milk*

...ARE READILY TOLERATED AND DIGESTED



● Baker's Modified Milk provides approximately 85% of its fatty acid composition in the more readily tolerated and digestible range (as shown in the fat chart above). This compares with 57% for cow's milk fat and 70% for the fat of human milk.

The fat composition of Baker's is only one of many reasons why this product is used so successfully in feeding the newborn term infant, the premature infant, and the older infant who does not "handle" butterfat.

Baker's is a high-quality* milk diet complete in all known essential nutrients.

★

*Made from Grade A milk (U. S. Public Health Service Milk Code) which has been modified by replacement of the milk fat with vegetable and animal fats and by the addition of carbohydrates, vitamins, and iron.

★

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC.

Milk Products Exclusively for the Medical Profession

Main Office: Cleveland 3, Ohio
Plant: East Troy, Wisconsin

Division Offices: Atlanta, Dallas, Denver, Greensboro, N. C., Los Angeles, San Francisco, Seattle

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

"We recommend that the new standing rule of the Board concerning financial operation of the Rocky Mountain Medical Journal be established as a standing rule of the House of Delegates and adopted."

We recommend the approval of paragraph 17.

We recommend the deletion of paragraph number 18.

We recommend the approval of paragraph number 19.

We recommend the deletion of paragraph number 20.

We recommend the approval of paragraph number 21, substituting, for sub-section (c) only, the words "Board of Trustees."

We recommend the adoption of Section 22.

(Chairman Elliff moved the adoption of the above section of his Committee Report as a whole and it was adopted without dissent.)

(b) A great deal of the misunderstandings which have arisen within the last two years in our Society's official family have, we believe, been due to a failure of some officers to understand the full significance of the Constitution and By-Laws of the Society. We believe that much of this has been due to inadvertence rather than to any improper intent, but the result has been the development of a gradual but increasing conflict over who has authority to do what.

We therefore recommend that within the next month the Board of Trustees, with such additional officers as the Board and the President may wish to include, hold a meeting devoted to the sole subject of a study of the Constitution and By-Laws, the standing rules of the House and the instructions issued by this and previous meetings of the House. We recommend that the Board lean heavily on the Society's attorney, and upon the records and history of the Society as contained in the office of the Executive Secretary at the meetings.

(c) Your Committee has carefully considered the nomination of Miss Jane Woodhouse for a Certificate of Service as submitted by the Board of Trustees. We have heard a number of witnesses with regard to this proposal and our conclusion is that the nomination should be confirmed and the Certificate should be issued.

(d) The Committee agrees with the recommendation of the Committee on Constitution and By-Laws and Credentials, with regard to the proposed Constitutional amendment No. 1, appearing on page 59 of the Handbook. We approve the existing one-year term of office for the Speaker and Vice Speaker and therefore recommend that the Constitutional amendment as proposed last year be **not** adopted.

(e) Your Committee has considered the Report of the Board of Trustees as it appeared in the Handbook and, with a number of minor corrections which we recommend be made before any further publication of the report, we recommend its adoption.

(f) The Committee has carefully considered the proposal of the Building Committee as submitted with the approval of the Board of Trustees, calling for the construction of a small office building to house the offices and committees of our State Society. We approve these plans and recommendations. We therefore recommend that the Board of Trustees be directed to proceed with all dispatch toward conclusion of such plans and be authorized to construct such a building at a cost of not to exceed $50,000, this cost to be paid from existing reserve funds of the Society, contingent upon grant of a suitable plot of land upon the grounds of the Presbyterian Hospital in Denver.

(Dr. Elliff's motion to adopt this section of the Report was seconded and lengthy discussion followed. After verification of the roll, a roll call vote disclosed 27 voting for adoption of the recommendation of the Reference Committee and 31 voting against, and thereupon the Vice Speaker declared the motion to adopt Section (f) of the Report was lost.)

(g) Your Committee has approved the resolution introduced by the Denver Medical Society, commending the Board of Trustees for its economy and urging a continuation of this policy. We thank the Committee of the Denver Medical Society for its compliment to our State organization.

(h) We recommend the adoption of the Budget for the 1954-1955 Fiscal Year as printed in the Handbook, with the provision that the Board of Trustees shall have ample latitude in rearranging that Budget to be consistent with arrangements for the new building.

(i) Your Committee has accepted the Annual Audit by the Society's certified public accountants and move the adoption of the Auditor's report.

(j) Your Committee has studied the standing rule with relation to the issuance of Annual Certificates of Service. We recommend that the House amend its standing rule on Certificates of Service to provide that there be set up a system whereby nominations for such Certificates must be received by the Board of Trustees from a component society which has voted to make such a nomination; that no such nominations be considered by the Board of Trustees if received less than 90 days before the Annual Session; and that the Board of Trustees, before reporting any such nomination to the House of Delegates, shall have each such nomination investigated by a secret committee appointed by the Board for this specific purpose.

(k) Your Committee received a letter from Dr. William R. Lipscomb. After investigation in the meeting and talking to Dr. Lipscomb, we found out the valuable service he has given on the Board of Trustees and his accomplishments during his tenure in that office. We therefore recommend that you do not accept the resignation of Dr. Lipscomb.

Further Report by Committee on Constitution and By-Laws

Dr. Perkins, Chairman, presented the following report, sections of which were accepted or rejected as shown:

In order to complete our project of simplifying classification of membership, we offer the following Constitutional amendment to lie on the table for one year, as we indicated would be necessary in the second paragraph on page 26 of the Handbook:

Amend Chapter IV, Section 1 of the Constitution by deleting the words "Emeritus Members."

Further amend Article IV by deleting Section 4 and renumbering the subsequent sections.

After this amendment is adopted by the House next year it will be necessary to delete Section 5, Chapter I of the By-Laws and renumber the subsequent sections since, after this year, emeritus members will no longer be a separate classification but become a sub-classification under Section 3, Active Members.

At this point in the proceedings Dr. Elliff announced that he, having voted on the prevailing side of the vote concerning the authorization to proceed with plans for a building, would call for a reconsideration of that question at the Fourth Meeting of the House. Dr. Perkins then continued with his report.

Yesterday afternoon we proposed a By-Law to lie on the table for one day relating to a method of nominations. I move the adoption of the amendment proposed yesterday.

The motion was seconded and there was considerable discussion. Dr. McGlone moved that consideration of the pending question be tabled for further decision at the Fourth Meeting. The motion to table carried. Chairman Perkins stated that there would be no reason for bringing it up at the Fourth Meeting as it would be effective only for this particular day (that of the Third Meeting.

It is proposed that Chapter VI, Section 1, be rewritten to read:

"The House of Delegates shall at its Midwinter Clinics Session, or if such Session is not held, at the first meeting of the Annual Session, elect a Nominating Committee, consisting of one member from each Councilor District. This Committee shall be charged with the responsibility of nominating at least one qualified person for each Constitutional or elective office to be filled and designating a place for the Annual Session next ensuing any Annual Session the location of which may have been selected by previous action of the House. If made at the Midwinter Clinics Session these nominations shall be published in the House of Delegates Handbook. The Committee shall further make its report at the First Meeting of the House of Delegates at the Annual Session. Nominations can be made from the floor at any meeting of the House of Delegates, prior to the final meeting when the election is held."

This By-Law proposal was laid on the table until the Fourth Meeting.

There was no further New Business and the House adjourned.

FOURTH AND FINAL MEETING
Friday, September 24, 1954

Speaker Ley called the House to order at 8:30 a.m. There was no further report from the

Credentials Committee and the roll call disclosed fifty-three accredited delegates present, more than a quorum.

Dr. C. H. Arnold was properly and regularly seated as Alternate for Dr. Irving Schwab, of El Paso Society.

Minutes of the Third Meeting of the House were read and approved.

Election of Officers

By direction of Speaker Ley, the Secretary re-read the Reports of the Committee on Nominations as submitted at the Second Meeting of the House*.

Speaker Ley called for further nominations for the office of President-elect. Dr. G. C. Milligan nominated Dr. Edgar A. Elliff of Northeast. There being no further nominations for that office the Speaker declared nominations closed and directed the House to proceed to ballot. Verification was made of the roll call, following which Speaker Ley announced there were fifty-two ballots cast out of a possible fifty-three, with a total of thirty votes for Dr. Porter and twenty-two for Dr. Elliff. The Speaker declared Dr. Porter elected and appointed Past Presidents George A. Unfug and William A. Liggett to escort Dr. Porter to the stand. Dr. Porter acknowledged the applause of the House and spoke as follows:

Dr. Porter: "Gentlemen, this is indeed a real thrill. I realize you have given me the highest honor that you have in your power to bestow. Sometimes I think we forget it is an honor to belong to the Colorado State Medical Society. Certainly this is a very high honor, but it is not only an honor but a responsibility, and it is a lot of work. I assure you that I shall do my best during my term to help carry on the high standards of the Colorado State Medical Society. Again I thank you!"

There were no further nominations for the office of Vice President, the Speaker closed the nominations, and Dr. K. D. A. Allen of Denver was elected by acclamation.

Dr. William C. Service, of Colorado Springs, was similarly elected Treasurer by acclamation for a two-year term to fill the vacancy created by Dr. Nick's resignation.

Dr. Ackerly, of Pueblo, nominated Dr. Cyrus W. Anderson, Denver, for the office of Constitutional Secretary. The results of the ballot reported later in the proceedings were that Dr. James M. Perkins of Denver was elected to the office of Constitutional Secretary for a three-year term.

Speaker Ley then proceeded by independent actions in each instance to conduct the election of all other nominees submitted to the House by the Nominating Committee and, there being no further nominations from the floor, the House elected those nominees in each instance unanimously.

Unfinished Business

Further Report of the Committee on Constitution and By-Laws

Dr. James M. Perkins, Chairman of the Committee, presented the following:

The next item is to call for a vote on the By-Laws which were proposed at the Second Meeting of the House relative to the jurisdiction of component societies over members. Apparently a man's residence or his office may be considered his place of jurisdiction, it seeming that in the present day "residence" has little significance and it is primarily where your major office is. The Board of Councilors asked us to make the necessary changes in the By-Laws, primarily removing the word "residence" where it appears and putting in the words "major office."

(The recommendation was properly adopted.)

I should like to take a minute to discuss two or three points in connection with the Organization Study Committee's Report. Item 1, which was adopted yesterday, calls for changes in the Constitution and By-Laws, calling for two meetings of the House, one for the Midwinter Session and one now. After discussing with that Reference Committee this problem, they felt that since the Board of Trustees can call a meeting of the House at any time, that for this year it would probably be wisest to let them call the meeting and let the new Constitution and By-Laws Committee write the necessary Constitution and By-Law changes so that we would not have to do anything on that today.

(The recommendation was adopted without dissent.)

Likewise, on Item 9, calling for overlapping of members of committees and specifying the number of members of each committee: It would also require radical By-Law changes and we would recommend that this be left to the next Constitution and By-Laws Committee and that in the meantime those people appointing committees attempt to carry out the spirit of this directive.

(This portion of the report was adopted without dissent.)

The last item is to call for a vote on the By-Law proposal made yesterday. I want to assure you I personally have no feelings one way or the other on this particular one. I think I had better re-read it again so that you can all have it.

(The proposal was read as follows:)

"The House of Delegates shall, at its Midwinter Clinics Session, or if such session is not held, then at the First Meeting of the Annual Session, elect a Nominating Committee consisting of one member from each Councilor District. This Committee shall be charged with the responsibility of nominating at least one qualified person for each Constitutional or elective office to be filled and also designating the place for the Annual Session next ensuing any Annual Session the location of which may have been selected by previous action of the House. If made at the Midwinter Clinics Session the nominations shall be published in the House of Delegates Handbook and the Committee shall further make its report at the First Meeting of the House of Delegates at the Annual Session. Nominations can be made from the floor at any meeting in the House of Delegates except the final session when election is held."

This is recommendation Number 2 of your Organization Committee's Report which you adopted yesterday. That is the second portion of the Organization Study Committee's Report which was made yesterday. This is written to carry out their suggestion since you adopted their suggestion yesterday.

Dr. Perkins moved that this portion of the report and the amendments be adopted.

The motion was seconded. Dr. Farley instituted discussion. Dr. Perkins' motion failed of carriage for the reason that there were sixty-eight of the seventy-two voting members of the House of Delegates registered at this Annual Session and the thirty-five counted by standing vote did not constitute two-thirds of the required number. Thirteen voted against. Vice Speaker Weaver announced the amendment was defeated. Chairman Perkins continued:

I have been asked to suggest that since the only controversial part is the wording that says "except the final session," I will delete that and propose it as amended. That simply amounts to deleting the words "except the final meeting when the election is held" so the last sentence will read, "Nominations can be made from the floor at any meeting of the House of Delegates."

On motion properly made, seconded and carried unanimously the proposal was approved. Dr. Perkins then moved adoption of the proposed amendment as now re-worded by vote of the House. This motion was seconded and carried unanimously. He then moved adoption of the report as a whole as corrected. The motion was seconded and carried unanimously.

*See Pages 1006 and 1007.

Further Report of Reference Committee on Legislation and Public Relations

Dr. Swartz, Chairman, submitted the following, which was adopted, and the Report as a whole was adopted as amended at this time:

Yesterday afternoon, in considering the Supplemental Report of the Public Policy Committee, your Committee omitted to consider the second section of the Supplemental Report, which has to do with a recommendation that the Society go on record as demanding repeal of Section 106 of the Social Security Bill. That is the section having to do with examinations for total and permanent disability in the Social Security group. Your Reference Committee wishes to go on record as approving this second paragraph of that Supplemental Report and wishes to recommend the adoption of the report as a whole as amended this morning.

Reconsideration of Building Program

Dr. E. A. Elliff in his individual capacity, moved reconsideration of the Building Program, under his notice given the previous day. The motion was seconded. Standing vote disclosed thirty-three voting in favor of reconsideration and thirteen opposed. Vice Speaker Weaver announced this automatically placed the original motion (of the previous day) to adopt the Reference Committee Report, before the House and that it was now again open for discussion. Considerable discussion ensued. Dr. Ralph M. Stuck offered, as a substitute motion, that the Board of Trustees be directed to explore the problem of the building of a permanent building for the Colorado State Medical Society, and especially the estimated cost of operation, further; and to report its recommendation to the House of Delegates at the Midwinter Session. There was discussion on the substitute motion. Thereafter the substitute motion carried unanimously.

Supplemental Report of Reference Committee on Professional Relations

Dr. Bull, Chairman, submitted the following, which was adopted section by section and in its entirety without dissent:

(a) Your Reference Committee on Professional Relations considered the Supplemental Report of the Board of Supervisors to the House of Delegates and recommends the adoption of that report with the following amendment: That paragraphs 4 and 5 be combined and amended to read as follows:

"Failure to attend the first course offered following proper notification of the time and place of giving such course without adequate reason shall be recognized as just cause for citation for contempt before the Board of Supervisors and for such other actions as the Board of Supervisors deems necessary."

(b) It is further recommended that the House of Delegates instruct the Board of Supervisors to urge greater attention to the subject of professional ethics and the time-honored traditions regarding medical responsibilities and conduct encumbent upon a physician, this to be taught at the pre-graduate level.

(c) Your Reference Committee on Professional Relations has considered a resolution of September 22, 1954, submitted to this House of Delegates by Dr. Edward R. Mugrage as follows:

"Now, Therefore, Be It Resolved, That the following definition is hereby adopted by the Colorado State Medical Society and made a part of the minutes of the Society's 84th Annual Meeting: 'All pathology is a practice of medicine including, but not limited to, histopathology, cytopathology, bacteriology, serology, parasitology, hematology, clinical chemistry and clinical microscopy'."

For purposes of definition it is the recommendation of this Reference Committee that the word "human" should be inserted before the word "pathology." This to avoid inclusion of the practice of pathology in veterinary medicine. Your Reference Committee moves the adoption of the resolution as amended.

(d) Your Reference Committee on Professional Relations has reconsidered the wording of the paragraph numbered 1 on page 37 of the Handbook and recommends adoption as stated in the Handbook.

There was no Unfinished Business.

Upon unanimous vote of the House to permit him to introduce new business at this final meeting, Dr. Carl McLauthlin presented a resolution to instruct the Executive Secretary to withhold certain parts of the minutes of this Annual Session from publication in the Journal or elsewhere although the full minutes would be retained on file. His motion to adopt the resolution was properly seconded and adopted without dissent. The Secretary certified that his official desk was clear except for announcements. He thereupon introduced to the House Mr. Reuben Dalbec, Assistant Secretary of the Kansas State Medical Society, who was greeted by the House with applause.

There being no further business to come before this Eighty-fourth Annual Session of the Colorado State Medical Society, Vice Speaker Weaver declared the House of Delegates adjourned sine die.

The foregoing condensation of the minutes of the 84th Annual Session is respectfully submitted to the Society.

HARVEY T. SETHMAN,
Secretary, House of Delegates.

The Laramie County Medical Society Library

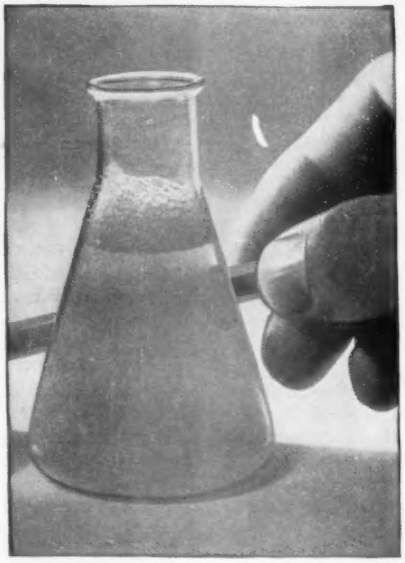
Created in 1950, the Laramie County Medical Society Library, now grown to about 1,500 volumes of textbooks and bound periodicals, is used not only by Cheyenne physicians but by others in the health sciences in Wyoming and throughout the Rocky Mountain region.

The Library at first was supported by contributions from individual members of the County Society, and now from funds in the treasury of the Society. Space, equipment, and services of the Librarian (Miss Marian Allis) are provided by Memorial Hospital.

Book and periodical selection is at the discretion of the members of the Library Committee—a continuant, joint committee of the Medical Staff of Memorial Hospital and the Laramie County Medical Society. At present Dr. W. H. Pennoyer is Chairman, with Dr. J. B. Gramlich, Dr. K. L. McShane, and Dr. Sam Zuckerman completing the committee membership. Requests and suggestions from all the members of the Society are encouraged by the committee.

Whenever material needed for research is not available in Cheyenne, the Denver Medical Library promptly supplies the needed volumes, and on the rare occasions when the material is not available there, requests are referred to the Bibliographical Center for Research in Denver.

ORAL BICILLIN
REQUIRES NO ACID BUFFERS!



"... the use of added acid buffers is not required for oral administration; ... because of the limited solubility of benzathine penicillin G [BICILLIN] *in the stomach, it is not highly susceptible to destruction by gastric juices."*[1]

After ½ hour in artificial gastric juice (pH 1.6), BICILLIN remains relatively insoluble, and is nearly 75% active. (BICILLIN used at a concentration of 2000 units per ml., approximating the antibiotic concentration in the stomach after a dose of 300,000 units.)

• Unlike other forms of penicillin, Oral BICILLIN requires no acid buffers to resist gastric destruction. This is because Oral BICILLIN is relatively insoluble. Acid tests[2] show that this insolubility persists for hours in artificial gastric juice (pH 1.6), that Oral BICILLIN retains full penicillin potency of its undissolved portion—71.7% after ½ hour, 31.1% after 3 hours, 18.1% after 6 hours.

Resistance to acid destruction is a surety factor in penicillin absorption—a safeguard for therapeutic effect.

Supplied: Oral Suspension BICILLIN: Bottles of 2 fl. oz.—300,000 units per 5-cc. teaspoonful; 150,000 units per 5-cc. teaspoonful. Tablets BICILLIN: Vials of 36—200,000 units per tablet; bottles of 100—100,000 units per tablet.

1. *American Medical Association: New and Nonofficial Remedies, 1954. J. B. Lippincott Co., Philadelphia, p. 147*
2. *Scott, R. L., and others: Antibiot. & Chemo. 4:691 (June) 1954*

Wyeth
Philadelphia 2, Pa.

BICILLIN®

Benzathine Penicillin G (Dibenzylethylenediamine Dipenicillin G)

PENICILLIN WITH A SURETY FACTOR

The Library is furnished with comfortable chairs upholstered in yellow plastic—a pleasing contrast to the birch reading tables and woodwork. The room is also used for meetings and is equipped with a screen for films. Presiding on one wall are the framed words of Dr. Harvey Cushing:

> "The soul of an institution that has any pretense to learning comes to reside in its library . . . and no less well may one gauge the quality of a medical school, of a hospital, of a laboratory, or of the individual doctor himself than by the condition of the library."

PHYSICIAN'S FISH

In a contest sponsored by Pfizer Laboratories between Wyoming and Montana physicians who are also sport fishermen, some very nice specimens were obtained by the Wyoming participants.

Let's make it clear from the start that the Montana physicians won this contest in both of the categories. However, Dr. J. E. Clark of Casper came in fifth in Division I, which is trout caught on a fly, with a 19½-inch German Brown and eighth in Division II, which includes trout caught on spinners, lures and live bait in rivers, streams, or creeks and also lake trout, with an 18½-inch Mackinaw. Dr. Claude Raffl of Basin caught an 18½-inch Native in Division I. All other Wyoming participants were in Division II and were as follows: Dr. R. A. Corbett of Saratoga was third with a 24½-inch Rainbow; Dr. H. S. Jackman of Rock Springs was sixth with a 21¼-inch Native; and Dr. P. R. Holtz of Lander was 10th with a 17½-inch Native.

First prize in each division: Division I was won by Dr. S. N. Preston of Missoula, Montana, with a 23¼-inch German Brown and first prize in Division II was won by Dr. V. D. Ferree of Kalispell, Montana, with a 28½-inch Rainbow.

This seems like a worthwhile sport for Wyoming and Montana physicians to take advantage of the natural attractions in our part of the Western Wonderland.

WYOMING PHYSICIAN INSTRUCTS IN COURSE

Dr. Russell I. Williams of Cheyenne participated as an instructor in a recent course given at the Johns Hopkins Hospital, Baltimore, Maryland. The course was "Introduction to Fundamentals of Reconstructive Surgery of the Nasal Septum and External Nasal Pyramid." This course was given September 25 to October 2, and consisted of 100 hours of instruction. Thirty-two ENT physicians participated in the course. Dr. Williams assisted Dr. M. H. Cottle, Professor of Otorhinolaryngology at the School of Medicine, University of Chicago.

for greater safety in streptomycin therapy...

DISTRYCIN

Squibb Streptoduocin
Streptomycin and dihydrostreptomycin in equal parts

Distrycin has an important advantage over streptomycin. It has the same therapeutic effect but ototoxicity is greatly delayed. Since the patient is given only half as much of each form of streptomycin as he would have on a comparable regimen of either one prescribed separately, the danger of vestibular damage (from streptomycin) or cochlear damage (from dihydrostreptomycin) is significantly lessened.

Signs of vestibular damage appear in cats treated with Distrycin as much as 100 per cent later than in animals given the same amount of streptomycin.

	Vestibular damage % of patients		
	Mild	*Moderate*	*Total*
Streptomycin	12	6	18
Dihydrostreptomycin	6	0	6
Distrycin	0	0	0

	Cochlear damage % of patients		
	Mild	*Moderate*	*Total*
Streptomycin	0	0	0
Dihydrostreptomycin	12	3	15
Distrycin	0	0	0

***Heck, W.E.; Lynch, W.J., and Graves, H.L.: Acta oto-laryng. 43:416, 1953**

Distrycin dosage is the same as for streptomycin. In tuberculosis the routine dose is 1 Gm. twice weekly, in conjunction with daily para-aminosalicylic acid or Nydrazid (isoniazid). In the more serious forms of tuberculosis, Distrycin may be given daily, at least until the infection has been brought under control.

SQUIBB

a leader in streptomycin research and manufacture

Distrycin is supplied in 1 and 5 Gm. vials, expressed as base

'Distrycin'® and 'Nydrazid'® are Squibb trademarks

Bernalillo County Medical Society Library

The Bernalillo County Medical Society Library, located in Albuquerque, was started in 1947 by a temporary committee of the Society with voluntary contributions from individual members to the amount of $2,000. In 1948 the Society provided for a permanent committee and yearly assessment of $15 for the support of the Library from each member. The budget for books, journals and binding, supplies and equipment is now over $2,000 a year. The Library now has approximately 2,000 volumes, with paid subscriptions to more than sixty journals, and receives over twenty more by gift, many of the latter (State Medical Journals) from the New Mexico Medical Society.

The Library has been housed in St. Joseph Hospital since its organization. From 1948 until 1950 it was operated as a voluntary project of the Junior League. Since September, 1950, St. Joseph Hospital has been paying for the services of a trained librarian on a half-time basis. Since 1951 the Library has been a member of the Medical Library Association.

The members of the State Society are welcome to make use of the reference service of the Library. Books and journals will be lent to individual members of the State Society through the Public Library in their locality, or in cases where there is no Library, through the New Mexico State Library Extension Service. Society members who come to Albuquerque are cordially invited to visit and use the Library.

COMPETITION FOR PUBLIC FUNDS

Increasing competition between the aged population and children for public funds confronts the country, stated John W. Tramburg, then United States Commissioner of Social Security, at the annual meeting of the New York Public Welfare Association in June. Among the growing needs that have to be financed are improved facilities for the care of the chronically ill on the one hand and children and their education on the other, Tramburg said. "Too many people have had too few facts upon which to form sound judgments. . . . I think we cannot do other than accept public responsibility for providing for those of our population who for one reason or another cannot be self-sufficient in a Christian democracy wherein we are our brother's keeper," he declared.

Audivox new all-transistor model 71 hearing aid

pedigree

Only a flawless pedigree — a long and illustrious ancestry of purebreds — can produce a champion show dog.

Only **audivox** in the hearing aid field can trace an ancestry that includes both Western Electric and Bell Telephone Laboratories. **audivox** lineage springs from the pioneer experiments of Dr. Alexander Graham Bell, which were furthered by the development of the hearing aid at Bell Telephone Laboratories, brought to fruition by Western Electric and **audivox** engineers.

Pedigreed in its field, **audivox** successor to Western Electric Hearing Aid Division, brings the boon of better hearing, and its enrichment of living, to thousands. With the magical modern transistor, with scientific hearing measurement and scientific instrument-fitting, serviced by a nation-wide network of professionally-skilled dealers, **audivox** moves forward today in a proud tradition.

TO THE DOCTOR: Send your patient with a hearing problem to a career Audivox and Micronic dealer, chosen for his interest, integrity and ability. There is such an Audivox dealer in every major city from coast to coast.

Alexander Graham Bell

audivox

Successor to *Western Electric* Hearing Aid Division

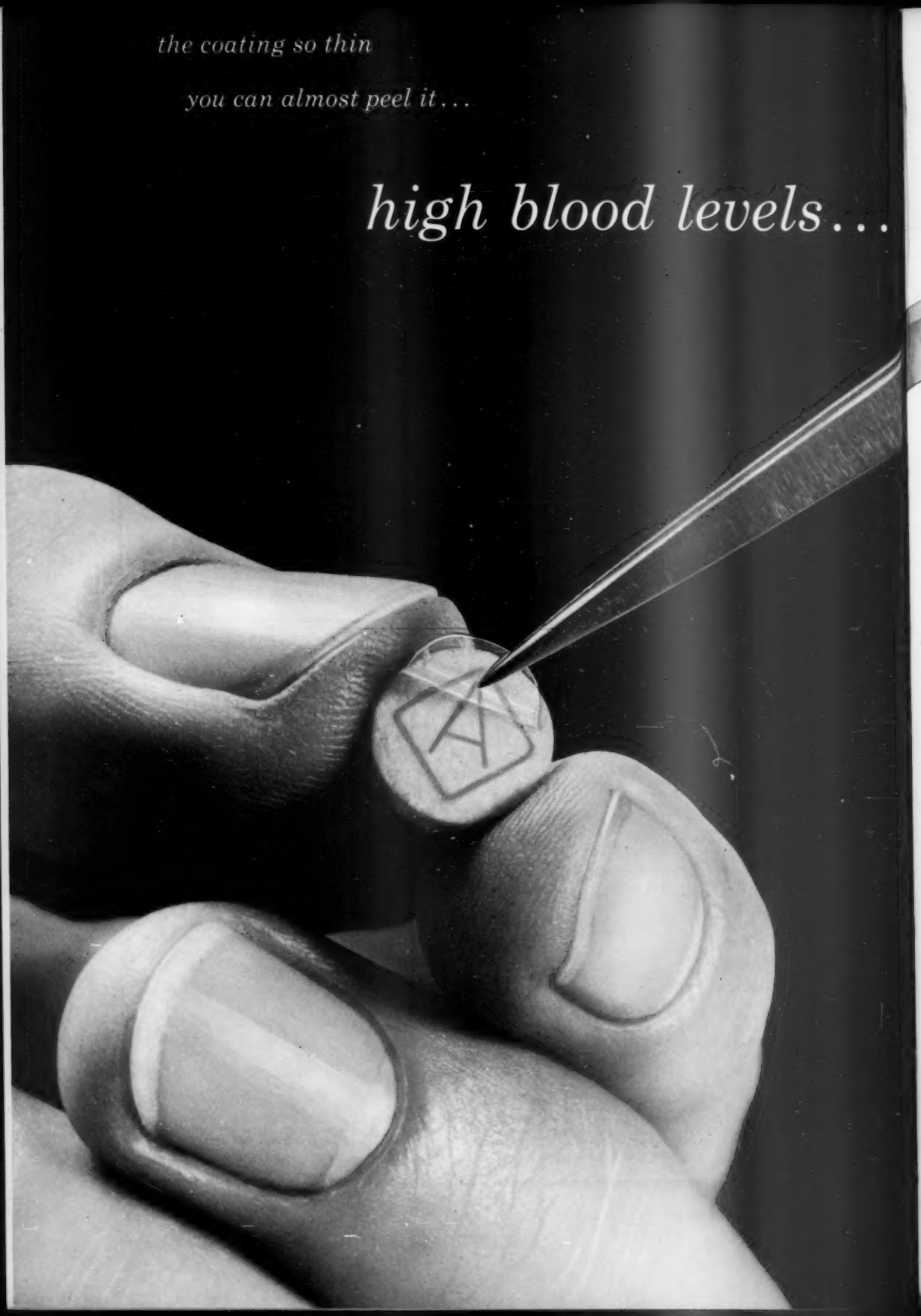
123 Worcester St., Boston, Mass.

The Pedigreed Hearing Aid

the coating so thin

you can almost peel it...

high blood levels...



...in 2 hours or less

filmtab*

Erythrocin® Stearate

(Erythromycin Stearate, Abbott)

disintegrates faster than enteric-coated erythromycin

TISSUE-THIN FILMTAB COATING (marketed only by Abbott) actually starts to dissolve within 30 seconds after administration —makes ERYTHROCIN available for immediate absorption. Tests show that new Stearate form definitely protects ERYTHROCIN from gastric juices.

BECAUSE THERE'S NO DELAY FROM AN ENTERIC COATING, your patient gets high, inhibitory blood levels within 2 hours—instead of 4-6 as before. Peak concentration at 4 hours, with significant levels for 8 hours.

USE FILMTAB ERYTHROCIN STEARATE against the cocci . . . and especially when the organism is resistant to other antibiotics. Low in toxicity—*it's less likely to alter normal intestinal flora than most oral antibiotics.* Conveniently sized (100, 200 mg.) in bottles of 25 and 100. Abbott

*TM for Abbott's film sealed tablets, pat. applied for

The Book Corner

New Books Received

New books received are acknowledged in this section. From these, selections will be made for reviews in the interests of the readers. Books here listed will be available for lending from the Denver Medical Library soon after publication.

Clinical Aspects of the Autonomic Nervous System: By L. A. Gillilan, Ph.D., M.D., Associate Professor of Anatomy, Graduate School of Medicine, University of Pennsylvania. The author presents a thorough discussion of the anatomy and physiology of the autonomic nervous system. Copyright, 1954, by Loisa Gillilan. Price: $6.50.

Textbook of Pediatrics: Edited by Waldo E. Nelson, M.D., Professor of Pediatrics, Temple University School of Medicine; Medical Director of Saint Christopher's Hospital for Children. Sixth Edition. Copyright, 1954, by W. B. Saunders Company, Philadelphia and London.

The Manual of Antibiotics: By Henry Welch, Ph.D. Published by Medical Encyclopedia, Inc. Copyright, 1954, by Medical Encyclopedia, Inc., New York, N. Y. Price: $2.50.

Book Reviews

The Anatomy and Surgery of Hernia: By Leo M. Zimmerman, M.D., Professor of Surgery and Co-Chairman of the Department of Surgery, Chicago Medical School; Attending Surgeon, Michael Reese, Cook County and Chicago Memorial Hospitals. And Barry J. Anson, Ph.D. (Med. S.C.), Professor of Anatomy, Northwestern University Medical School; Member of Attending Staff Passavant Memorial Hospital. The Williams & Wilkins Company, Baltimore, 1953. Price: $10.00.

This is a clearly worded textbook abundantly illustrated. The contents of this book consist of nineteen chapters which commences with the

history of hernias throughout the ages, since the malady is as ancient as man himself, and ends with medico-legal aspects of inguinal hernia. In the chapter on the historical phase of hernia which dates back to the Egyptian and Greek surgery, the technics and surgical instruments are demonstrated. On hernia, in general, the relative incidence of various types of hernias to population, age distribution and occupation is clearly stated.

The chapter on the anatomy of the abdominal wall is very instructive because the external approach, showing the outer parietal layers, the nerves and antero-lateral abdominal musculature, is vividly illustrated.

Detailed anatomic description of selected specimens, which represent the congenitally established route of hernia and successive stages in the progressive enlargement of the vaginal process, is plainly reproduced. This is not only true with the indirect but also in the direct hernia. The etiology, pathology and clinical manifestations are taken up in individual chapters.

The same is true with the treatment. The McVay's anatomical observations and his results obtained by the Cooper ligament technic is both praised and criticized. The various types of sutures came under critical scrutiny. The surgical anatomy and technic of femoral hernia is reviewed in detail and all other types of hernia are not neglected in this description. An excellent chapter is written on diaphragmatic hernia, with complete description and illustrations of the (a) esophageal hiatus hernia; (b) congenital diaphragmatic hernia; (c) retrosternal hernia, and (d) traumatic hernia. The surgical technic through abdominal, thoracic and combined abdomino-thoracic approach is presented rather lucidly. There is an extensive bibliography to back up the factual information which this reviewer has recorded. Zimmerman and Anson have written a book based upon thorough anatomic knowledge obtained from dissection of numerous specimens and also from technical knowledge derived from long experience.

GERALD H. FRIEDMAN, M.D.

Handbook of Operative Surgery—Biliary Tract, Pancreas and Spleen: By Charles B. Puestow, M.D., Ph.D. (Surgery), Clinical Professor of Surgery, College of Medicine and Graduate College, University of Illinois; Attending Surgeon, University Research and Educational Hospitals; Chief, Surgical Service, Veterans Administration Hospital, Hines, Illinois; Chief Surgeon, Henrotin Hospital, Chicago. The Year Book Publishers, Inc., 200 East Illinois Street, Chicago, Illinois. Copyright, 1953.

This small handbook consists of four sections and nineteen chapters.

Section I takes up the anatomy and physiology of the liver, various liver function tests, infections, tumors, complications and portal hypertension.

Section II deals with the extra-hepatic biliary system. The author discusses the anatomy and physiology of the extra-hepatic biliary tract. The pathogenesis of biliary dyspepsia, diseases of the gall bladder, complications of cholecystic disease; pre- and post-operative management; gall bladder surgery, surgery of the bileducts and factors causing symptoms after biliary tract surgery.

Section III discusses the anatomy and physiology of the pancreas, benign surgical lesions of the pancreas, CA of the head of the pancreas, and two stages and one stage of pancreaticoduodenectomy procedures is taken up in the discussion.

Section IV presents the anatomy and psysiology of the spleen, indications and contra-indications for splenectomy and the surgical approaches—such as abdominal, thoracic and combined procedures—are described.

There are seventy-two plates demonstrating the various technics of biliary tract surgery, including common duct and strictures. Surgical technics of various lesions of the pancreas, including pancreatico-duodenectomy resection, is graphically described.

The last chapter deals not only with the anatomy and physiology of the spleen, but numerous lesions of the spleen, indications and contra-indications for splenectomy.

No bibliography is included in this small textbook. This is not a book to be used by medical students, but it is recommended to the shelf of the surgeon who is not fortunate to be too busy to have a variety of cases, but is otherwise well trained and competent; who, however, needs surgical guidance in certain special cases.

GERALD H. FRIEDMAN, M.D.

WANTADS

FOR RENT—Small office in professional building, 1820 Gilpin Street. Phone MAin 3-7169.

STOPPED GENERAL PRACTICE to Specialize, so have the following for sale: Beck-Lee E.K.G., Microtherm Diathermy, McKesson B.M.R., assorted medical equipment such as O.B. Forceps, Urethral Sounds, Speculi, etc. All equipment like new. R. L. Spradling, M.D., 473 South Pensylvania, Denver 9, Colorado. Telephone PEarl 3-4376.

GRADUATE OF CLASS A medical school. Recently completed one year rotating internship. Thirty-two years age; married; two children. Desire location or association. Prefer Denver area. Consider any location. Reply Box No. 11.

RELIABLE DRUGGISTS

PATRONIZE DENVER'S INDEPENDENT DRUGGISTS

Index to Advertisers

We'll show you why most doctors buy

Hamilton

Our Hamilton suites are *Nu-Tone* (shown) and *Nu-Trend* in rich woods — and *Steeltone* in six striking colors.

Doctors prefer Hamilton examining room equipment for many and varied reasons. But all concur in the majority opinion—that Hamilton is the finest. Because you doubtless would rather be shown than told, we suggest you consult us soon—to let us demonstrate Hamilton equipment, without obligation, or help you choose the units best suited to your office and your budget.

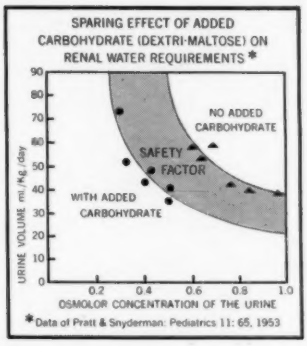
Beauty and efficiency make Hamilton outstanding! Note, for example, the clean STER-O-SHEET provided each patient by hidden Hide-a-Roll . . . Below: disappearing, adjustable, locking stirrups . . . Only two of Hamilton's numerous extra-convenience features.

Geo. Berbert & Sons, Inc.

1524 Court Place **Denver 2, Colorado**

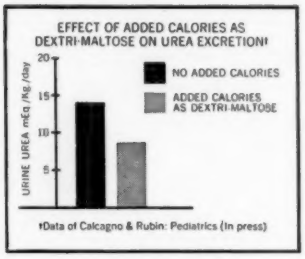
DEXTRI-MALTOSE *formulas*

provide important physiologic safeguards



Added renal safety. When the effective carbohydrate, Dextri-Maltose®, is added to cow's milk formulas, the infant's water requirements are reduced. This provides an added margin of safety against dehydration. In addition, the load on the water excretory capacity of the infant's immature kidneys is reduced.[1,2]

The margin of renal safety is especially important since various stresses and handicaps have been shown to influence the infant's fluid balance and renal capacity.[1,3,4,5]



Better nitrogen retention. The addition of adequate carbohydrate (Dextri-Maltose) to cow's milk formulas increases the infant's nitrogen retention and promotes the efficient use of nitrogen for growth,[2] causing a reduction in the excretion of urea and lightening the load on the infant's kidneys.

Ample carbohydrate is provided in a milk and water mixture by inclusion of 4 to 5% of Dextri-Maltose—or 1 tablespoonful to each 5 or 6 fluid ounces of formula.

With a record of forty-three years of outstanding clinical success, no other carbohydrate has earned such world-wide acceptance and confidence in its constant dependability as Dextri-Maltose.

1. Pratt & Snyderman: Pediatrics 11: 65, 1953; 2. Calcagno & Rubin: Pediatrics (in press); 3. Calcagno, Rubin & Weintraub: J. Clin. Investigation 33: 91, 1954; 4. Cooke, Pratt & Darrow: Yale J. Biol. & Med. 22: 227, 1950; 5. Gamble: J. Pediat. 30: 488, 1947; 6. Rappaport: Am. J. Dis. Child. 74: 682, 1947.

DEXTRI-MALTOSE

the carbohydrate of choice for infant formulas

MEAD JOHNSON & COMPANY • EVANSVILLE, INDIANA, U.S.A. MEAD